1 Short Title: People First Language 2019.

2		A BILL TO BE ENTITLED
3	AN ACT TO UP	DATE STATUTES RELATING TO THE PROVISION OF SERVICES WITH
4	PEOPLE F	IRST LANGUAGE BY CHANGING THE PHRASE "MENTAL
5	RETARDAT	ION" TO "INTELLECTUAL DISABILITY" OR "INTELLECTUAL OR
6	DEVELOPM	ENTAL DISABILITY" AND TO MAKE OTHER PEOPLE FIRST
7	LANGUAGE	E AMENDMENTS AND TECHNICAL AMENDMENTS IN THOSE
8	STATUTES.	
9	The General Asso	embly of North Carolina enacts:
10	PART I. PEOP	LE FIRST LANGUAGE AMENDMENTS TO CHAPTER 122C OF THE
11	GENERAL STA	ATUTES
12	SECT	TION 1. G.S. 122C-3 reads as rewritten:
13	"§ 122C-3. Defin	nitions.
14	The following	g definitions apply in this Chapter:
15	(1)	"Area authority" means the Area authority. – The area mental health,
16		developmental disabilities, and substance abuse authority.
17	(2)	"Area board" means the Area board. – The area mental health, developmental
18		disabilities, and substance abuse board.
19	(2a)	"Area director" means the Area director. – The administrative head of the area
20		authority program appointed pursuant to G.S. 122C-121.
21	(2b)	"Board of county commissioners" includes Board of county commissioners. —
22		<u>Includes</u> the participating boards of county commissioners for multicounty
23		area authorities and multicounty programs.
24	(3)	"Camp Butner reservation" means the Camp Butner reservation The
25		original Camp Butner reservation as may be designated by the Secretary as

1		having been acquired by the State and includes not only areas which are
2		owned and occupied by the State but also those which may have been leased
3		or otherwise disposed of by the State, and shall also include also includes
4		those areas within the municipal boundaries of the Town of Butner and that
5		portion of the extraterritorial jurisdiction of the Town of Butner consisting of
6		lands not owned by the State of North Carolina.
7	(4)	"City" has the same meaning as City. – As defined in G.S. 153A-1(1).
8	(5)	"Catchment area" means the Catchment area. – The geographic part of the
9		State served by a specific area authority or county program.
10	(6)	"Client" means an Client An individual who is admitted to and receiving
11		service from, or who in the past had been admitted to and received services
12		from, a facility.
13	(7)	"Client advocate" means a Client advocate A person whose role is to
14		monitor the protection of client rights or to act as an individual advocate on
15		behalf of a particular client in a facility.
16	(8)	"Commission" means the Commission. – The Commission for Mental Health,
17		Developmental Disabilities, and Substance Abuse Services, established under
18		Part 4 of Article 3 of Chapter 143B of the General Statutes.
19	(8a)	"Commitment examiner" means a Commitment examiner. – A physician, an
20		eligible psychologist, or any health professional or mental health professional
21		who is certified under G.S. 122C-263.1 to perform the first examination for
22		involuntary commitment described in G.S. 122C-263(c) or G.S. 122C-283(c)
23		as required by Parts 7 and 8 of this Article.
24	(9)	"Confidential information" means any Confidential information. – Any
25		information, whether recorded or not, relating to an individual served by a

1		facility that was received in connection with the performance of any function
2		of the facility. "Confidential information" does not include statistical
3		information from reports and records or information regarding treatment or
4		services which is shared for training, treatment, habilitation, or monitoring
5		purposes that does not identify clients either directly or by reference to
6		publicly known or available information.
7	(9a)	"Core services" are services Core services. – Services that are necessary for
8		the basic foundation of any service delivery system. Core services are of two
9		types: front-end service capacity such as screening, assessment, and
10		emergency triage, and indirect services such as prevention, education, and
11		consultation at a community level.
12	(10)	"County of residence" of a client means the County of residence. – The county
13		of his a client's domicile at the time of his or her admission or commitment to
14		a facility. A county of residence is not changed because an individual is
15		temporarily out of his or her county in a facility or otherwise.
16	(10a)	"County program" means a County program. – A mental health,
17		developmental disabilities, and substance abuse services program established,
18		operated, and governed by a county pursuant to G.S. 122C-115.1.
19	(11)	"Dangerous to self or others" means: Dangerous to self or others
20		a. "Dangerous to self" means that within Dangerous to self. — Within the
21		relevant past:past, the individual has done any of the following:
22		1. The individual has acted in such a way as to show:show all of
23		the following:
24		I. That he The individual would be unable, without care,
25		supervision, and the continued assistance of others not

1	1	otherwise available, to exercise self-control, judgment,
2	2	and discretion in the conduct of his the individual's
3	3	daily responsibilities and social relations, or to satisfy
4	4	his the individual's need for nourishment, personal or
5	5	medical care, shelter, or self-protection and safety;
6	6	andsafety.
7	7 II.	That there There is a reasonable probability of his the
8	8	individual's suffering serious physical debilitation
9	9	within the near future unless adequate treatment is
10	0	given pursuant to this Chapter. A showing of behavior
11	1	that is grossly irrational, of actions that the individual
12	2	is unable to control, of behavior that is grossly
13	3	inappropriate to the situation, or of other evidence of
14	4	severely impaired insight and judgment shall create a
15	5	prima facie inference that the individual is unable to
16	6	care for himself; or himself or herself.
17	7 2. The ind	ividual has attempted suicide or threatened suicide and
18	8 that the	re is a reasonable probability of suicide unless adequate
19	9 treatme	nt is given pursuant to this Chapter; or Chapter.
20	0 3. The in	dividual has mutilated himself <u>or herself</u> or <u>has</u>
21	1 attempt	ed to mutilate himself or herself and that there is a
22	2 reasona	ble probability of serious self-mutilation unless
23	3 adequat	e treatment is given pursuant to this Chapter.

1			Previous episodes of dangerousness to self, when applicable, may be
2			considered when determining reasonable probability of physical
3			debilitation, suicide, or self-mutilation.
4		b.	"Dangerous to others" means that within Dangerous to others
5			Within the relevant past, the individual has inflicted or attempted to
6			inflict or threatened to inflict serious bodily harm on another, or has
7			acted in such a way as to create a substantial risk of serious bodily
8			harm to another, or has engaged in extreme destruction of property;
9			and that there is a reasonable probability that this conduct will be
10			repeated. Previous episodes of dangerousness to others, when
11			applicable, may be considered when determining reasonable
12			probability of future dangerous conduct. Clear, cogent, and convincing
13			evidence that an individual has committed a homicide in the relevant
14			past is prima facie evidence of dangerousness to others.
15	(11a)	"Day/ı	night service" means a Day/night service A service provided on a
16		regula	r basis, in a structured environment that is offered to the same individual
17		for a p	eriod of three or more hours within a 24-hour period.
18	(12)	"Depa	rtment" means the Department. – The North Carolina Department of
19		Health	and Human Services.
20	(12a)	"Deve	lopmental disability" means a Developmental disability A severe,
21		chroni	c disability of a person which: that satisfies all of the following:
22		a.	Is attributable to a mental or physical impairment or combination of
23			mental and physical impairments; impairments.
24		b.	Is manifested before the person attains age 22, unless the disability is
25			caused by a traumatic head injury and is manifested after age 22;22.

1		c.	Is likely to continue indefinitely; indefinitely.
2		d.	Results in substantial functional limitations in three or more of the
3			following areas of major life activity: self-care, receptive and
4			expressive language, capacity for independent living, learning,
5			mobility, self-direction self-direction, and economic self-sufficiency;
6			andself-sufficiency.
7		e.	Reflects the person's need for a combination and sequence of special
8			interdisciplinary, or generic care, treatment, or other services which
9			are of a lifelong or extended duration and are individually planned and
10			coordinated; or <u>coordinated.</u>
11		f.	When applied to children from birth through four years of age, may be
12			evidenced as a developmental delay.
13		When	applied to children from birth through four years of age, a
14		develo	pmental disability may be evidenced as a developmental delay.
15	(13)	"Divisi	on" means the <u>Division</u> . – <u>The</u> <u>Division</u> of Mental Health,
16		Develo	opmental Disabilities, and Substance Abuse Services of the Department.
17	(13a)	Repeal	ed by Session Laws 2000-67, s. 11.21(c), effective July 1, 2000.
18	(13a1)	Recodi	fied as subdivision (13c).
19	(13b)	Recodi	fied as subdivision (13d).
20	(13c)	"Eligib	le infants and toddlers" means children <u>Eligible infants and toddlers. –</u>
21		Childre	en with or at risk for developmental delays or atypical development
22		until:u	ntil all of the following have occurred:
23		a.	They have reached their third birthday;birthday.

1		b. Their parents have requested to have them receive services in the
2		preschool program for children with disabilities established under
3		Article 9 of Chapter 115C of the General Statutes; and Statutes.
4		c. They have been placed in the program by the local educational agency.
5		In no event shall a child be considered an eligible toddler after the beginning
6		of the school year immediately following the child's third birthday, unless the
7		Secretary and the State Board enter into an agreement under
8		G.S. 115C-106.4(c) [G.S. 115C-107.1(c)].G.S. 115C-107.1(c).
9		The early intervention services that may be provided for these children
10		and their families include early identification and screening, multidisciplinary
11		evaluations, case management services, family training, counseling and home
12		visits, psychological services, speech pathology and audiology, and
13		occupational and physical therapy. All evaluations performed as part of early
14		intervention services shall be appropriate to the individual child's age and
15		development.
16	(13d)	"Eligible psychologist" means a Eligible psychologist. – A licensed
17		psychologist who has at least two years' clinical experience. After January 1,
18		1995, "eligible psychologist" means a licensed psychologist who holds
19		permanent licensure and certification as a health services provider
20		psychologist issued by the North Carolina Psychology Board.
21	(14)	"Facility" means any Facility Any person at one location whose primary
22		purpose is to provide services for the care, treatment, habilitation, or
23		rehabilitation of the mentally ill, the developmentally disabled, individuals
24		with mental illnesses or intellectual or developmental disabilities or substance
25		abusers, and includes:includes all of the following:

1	a.	An "area facility", facility," which is a facility that is operated by or
2		under contract with the area authority or county program. For the
3		purposes of this subparagraph, a contract is a contract, memorandum
4		of understanding, or other written agreement whereby the facility
5		agrees to provide services to one or more clients of the area authority
6		or county program. Area facilities may also be licensable facilities in
7		accordance with Article 2 of this Chapter. A State facility is not an
8		area facility; <u>facility.</u>
9	b.	A "licensable facility", facility," which is a facility for one or more
10		minors or for two or more adults that provides services to individuals
11		who are mentally ill, developmentally disabled, have mental illnesses
12		or intellectual or developmental disabilities or are substance abusers
13		for one or more minors or for two or more adults. abusers. These
14		services shall be day services offered to the same individual for a
15		period of three hours or more during a 24-hour period, or residential
16		services provided for 24 consecutive hours or more. Facilities for
17		individuals who are substance abusers include chemical dependency
18		facilities; facilities.
19	c.	A "private facility", facility," which is a facility that is either a
20		licensable facility or a special unit of a general hospital or a part of
21		either in which the specific service provided is not covered under the
22		terms of a contract with an area authority; authority.
23	d.	The psychiatric service of the University of North Carolina Hospitals
24		at Chapel Hill; Hill.

1		e.	A "residential facility", facility," which is a 24-hour facility that is not
2			a hospital, including a group home; home.
3		f.	A "State facility", which is a facility that is operated by the
4			Secretary; Secretary.
5		g.	A "24-hour facility", facility," which is a facility that provides a
6			structured living environment and services for a period of 24
7			consecutive hours or more and includes hospitals that are facilities
8			under this Chapter; and Chapter.
9		h.	A Veterans Administration facility or part thereof that provides
10			services for the care, treatment, habilitation, or rehabilitation of the
11			mentally ill, the developmentally disabled, individuals with mental
12			illnesses or intellectual or developmental disabilities or substance
13			abusers.
14	(15)	"Guar	dian" means a Guardian A person appointed as a guardian of the
15		persor	or general guardian by the court under Chapters 7A or 35A or former
16		Chapt	ers 33 or 35 of the General Statutes.
17	(16)	"Habi	litation" means training, Habilitation. – Training, care, and specialized
18		therap	ies undertaken to assist a client in maintaining his current level of
19		function	oning or in achieving progress in developmental skills areas.
20	(16a)	"Heal	th screening" means an <u>Health screening. – An</u> appropriate screening
21		suitab	le for the symptoms presented and within the capability of the entity,
22		includ	ing ancillary services routinely available to the entity, to determine
23		wheth	er or not an emergency medical condition exists. An emergency medical
24		condit	ion exists if an individual has acute symptoms of sufficient severity,
25		includ	ing severe pain, such that the absence of immediate medical attention

1		could reasonably be expected to result in placing the individual's health in
2		serious jeopardy, serious impairment to bodily functions, or serious
3		dysfunction of any bodily organ or part.
4	(16b)	"Incapable" with Incapable. – With respect to an individual has the same
5		definition set forth individual, as defined in G.S. 122C-72(4). An adult
6		individual who is incapable is not the same as an incompetent adult unless the
7		adult individual has been adjudicated incompetent under Chapter 35A of the
8		General Statutes.
9	(17)	"Incompetent adult" means an Incompetent adult. – An adult individual who
10		has been adjudicated incompetent under Chapter 35A of the General Statutes.
11	<u>(17a)</u>	Intellectual disability Significantly subaverage general intellectual
12		functioning existing concurrently with deficits in adaptive behavior and
13		manifested before age 22.
14	(18)	"Intoxicated" means the Intoxicated. – The condition of an individual whose
15		mental or physical functioning is presently substantially impaired as a result
16		of the use of alcohol or other substance.
17	(19)	"Law-enforcement officer" means sheriff, Law-enforcement officer Sheriff,
18		deputy sheriff, police officer, State highway patrolman, or an officer
19		employed by a city or county under G.S. 122C-302.
20	(20)	"Legally responsible person" means: Legally responsible person. – The
21		following:
22		<u>a.</u> (i) when when applied to an adult, adult who has been adjudicated
23		incompetent, a guardian; guardian.
24		<u>b.</u> (ii) when When applied to a minor, a parent, guardian, a person
25		standing in loco parentis, or a-legal custodian other than a parent who

1		has been granted specific authority by law or in a custody order to
2		consent for medical care, including psychiatric treatment; treatment.
3		c. or (iii) when When applied to an adult who is incapable as defined in
4		G.S. 122C-72(4) and who has not been adjudicated incompetent, a
5		health care agent named pursuant to a valid health care power of
6		attorney; provided that if attorney. If an incapable adult does not have
7		a health care agent or guardian, "legally responsible person" means
8		one of the persons specified in subdivisions (3) through (7) of
9		subsection (c) of G.S. 90-21.13, to be selected based on the priority
10		indicated in said subdivisions (3) through (7).those subdivisions.
11	(20a)	"Local funds" means fees Local funds. – Fees from services, including client
12		payments, Medicare and the local and federal share of Medicaid receipts, fees
13		from agencies under contract, gifts and donations, and county and municipal
14		funds, and any other funds not administered by the Division.
15	(20b)	"Local management entity" or "LME" means an Local management entity
16		(LME). – An area authority.
17	(20c)	"Local management entity/managed care organization" or "LME/MCO"
18		means a Local management entity/managed care organization (LME/MCO).
19		- A local management entity that is under contract with the Department to
20		operate the combined Medicaid Waiver program authorized under Section
21		1915(b) and Section 1915(c) of the Social Security Act.
22	(21)	"Mental illness" means: Mental illness. – The following:
23		<u>a.</u> (i) when When applied to an adult, an illness which so lessens the
24		capacity of the individual to use self-control, judgment, and discretion
25		in the conduct of his-the individual's affairs and social relations as to

1		make it necessary or advisable for him the individual to be under
2		treatment, care, supervision, guidance, or control; and control.
3		<u>b.</u> (ii) when When applied to a minor, a mental condition, other than
4		mental retardation an intellectual disability alone, that so impairs the
5		youth's minor's capacity to exercise age adequate self-control or
6		judgment in the conduct of his the minor's activities and social
7		relationships so that he the minor is in need of treatment.
8	(22)	"Mental retardation" means significantly subaverage general intellectual
9		functioning existing concurrently with deficits in adaptive behavior and
10		manifested before age 22.
11	(23)	"Mentally retarded with accompanying behavior disorder" means an
12		individual who is mentally retarded and who has a pattern of maladaptive
13		behavior that is recognizable no later than adolescence and is characterized by
14		gross outbursts of rage or physical aggression against other individuals or
15		property.
16	(23a)	"Minimally adequate services" means a Minimally adequate services A
17		level of service required for compliance with all applicable State and federal
18		laws, rules, regulations, and policies and with generally accepted professional
19		standards and principles.
20	(24)	"Next of kin" means the Next of kin. – The individual designated in writing
21		by the client or his-the client's legally responsible person upon the client's
22		acceptance at a facility; provided that if facility. If no such designation has
23		been made, "next of kin" means the client's spouse or nearest blood relation
24		in accordance with G.S. 104A-1.

25

1	(25)	"Operating costs" means expenditures Operating costs. – Expenditures made
2		by an area authority in the delivery of services for mental health,
3		developmental disabilities, and substance abuse as provided in this Chapter
4		and includes the employment of legal counsel on a temporary basis to
5		represent the interests of the area authority.
6	(26)	Repealed by Session Laws 1987, c. 345, s. 1.
7	(26a)	"Other recipient" means an Other recipient An individual who is not
8		admitted to a facility but who receives a service other than care, treatment, or
9		rehabilitation services. The services that the "other recipient" may receive
10		include consultative, preventative, educational, and assessment services.
11	(27)	"Outpatient treatment" as Outpatient treatment. – As used in Part 7 of Article
12		5 of this Chapter, means treatment in an outpatient setting and may include
13		medication, individual or group therapy, day or partial day programming
14		activities, services and training including educational and vocational
15		activities, supervision of living arrangements, and any other services
16		prescribed either to alleviate the individual's illness or disability, to maintain
17		semi-independent functioning, or to prevent further deterioration that may
18		reasonably be predicted to result in the need for inpatient commitment to a
19		24-hour facility.
20	(27a)	"Outpatient treatment physician or center" as Outpatient treatment physician
21		or center. – As used in Part 7 of Article 5 of this Chapter means a Chapter, a
22		physician or center that provides treatment services directly to the outpatient
23		commitment respondent. An LME/MCO that contracts with an outpatient
24		treatment physician or center to provide outpatient treatment services to a

respondent is not an outpatient treatment physician or center. Every

1		LME/MCO is responsible for contracting with qualified providers of services
2		in accordance with G.S. 122C-141, 122C-142(a), 122C-115.2(b)(1)b., and
3		122C-115.4(b)(2) to ensure the availability of qualified providers of
4		outpatient commitment services to clients of LME/MCOs who are respondents
5		to outpatient commitment proceedings and meet the criteria for outpatient
6		commitment. A contracted provider with an LME/MCO shall not be
7		designated as an outpatient treatment physician or center on an outpatient
8		commitment order unless the respondent enrolled with an LME/MCO or is
9		eligible for services through an LME/MCO, or the respondent otherwise
10		qualifies for the provision of services offered by the provider.
11	(28)	"Person" means any Person. – Any individual, firm, partnership, corporation,
12		company, association, joint stock association, agency, or area authority.
13	(29)	"Physician" means an Physician. – An individual licensed to practice medicine
14		in North Carolina under Chapter 90 of the General Statutes or a licensed
15		medical doctor employed by the Veterans Administration.
16	(29a)	Repealed by Session Laws 2018-33, s. 1, effective October 1, 2019, and
17		applicable to proceedings initiated on or after that date.
18	(30)	"Provider of support services" means a Provider of support services A
19		person that provides to a facility support services such as data processing,
20		dosage preparation, laboratory analyses, or legal, medical, accounting, or
21		other professional services, including human services.
22	(30a)	"Psychologist" means an Psychologist. – An individual licensed to practice
23		psychology under Chapter 90. 90 of the General Statutes. The term "eligible
24		psychologist" is defined in subdivision (13a).(13d) of this section.

1	(30b)	"Public services" means publicly Public services. – Publicly funded mental
2		health, developmental disabilities, and substance abuse services, whether
3		provided by public or private providers.
4	(31)	"Qualified professional" means any Qualified professional. – Any individual
5		with appropriate training or experience as specified by the General Statutes or
6		by rule of the Commission in the fields of mental health or developmental
7		disabilities or substance abuse treatment or habilitation, including physicians,
8		psychologists, psychological associates, educators, social workers, registered
9		nurses, certified fee-based practicing pastoral counselors, and certified
10		counselors.
11	(32)	"Responsible professional" means an Responsible professional. – An
12		individual within a facility who is designated by the facility director to be
13		responsible for the care, treatment, habilitation, or rehabilitation of a specific
14		client and who is eligible to provide care, treatment, habilitation, or
15		rehabilitation relative to the client's disability.
16	(33)	"Secretary" means the Secretary. – The Secretary of the Department of Health
17		and Human Services.
18	(33a)	"Severe and persistent mental illness" means a Severe and persistent mental
19		<u>illness. – A</u> mental disorder suffered by persons of 18 years of age or older
20		that leads these persons to exhibit emotional or behavioral functioning that is
21		so impaired as to interfere substantially with their capacity to remain in the
22		community without supportive treatment or services of a long term or
23		indefinite duration. This disorder is a severe and persistent mental disability,
24		resulting in a long-term limitation of functional capacities for the primary

1		activities of daily living, such as interpersonal relations, homemaking,
2		self-care, employment, and recreation.
3	(34)	Repealed by Session Laws 2001-437, s. 1.2(c), effective July 1, 2002.
4	(35)	Repealed by Session Laws 2001-437, s. 1.2(c), effective July 1, 2002.
5	(35a)	Renumbered as subdivision (35e).
6	(35b)	"Specialty services" means services-Specialty services Services that are
7		provided to consumers from low-incidence populations.
8	(35c)	"State" or "Local" Consumer Advocate means the State or Local Consumer
9		Advocate The individual carrying out the duties of the State or Local
10		Consumer Advocacy Program Office in accordance with Article 1A of this
11		Chapter.
12	(35d)	"State Plan" means the State Plan. – The State Plan for Mental Health,
13		Developmental Disabilities, and Substance Abuse Services.
14	(35e)	"State resources" means State resources State and federal funds and other
15		receipts administered by the Division.
16	(36)	"Substance abuse" means the Substance abuse The pathological use or
17		abuse of alcohol or other drugs in a way or to a degree that produces an
18		impairment in personal, social, or occupational functioning. "Substance
19		abuse" may include a pattern of tolerance and withdrawal.
20	(37)	"Substance abuser" means an Substance abuser. – An individual who engages
21		in substance abuse.
22	(38)	"Targeted population" means those <u>Targeted population</u> . – <u>Those</u> individuals
23		who are given service priority under the State Plan.

1	(39) "Uniform portal process" means a Uniform portal process. – A standardized
2	process and procedures used to ensure consumer access to, and exit from,
3	public services in accordance with the State Plan."
4 5	[Staff Note: The term "mentally retarded with accompanying behavior disorder" is never used anywhere in Chapter 122C of the General Statutes.]
6 7	SECTION 2. G.S. 122C-57 reads as rewritten:
8	"§ 122C-57. Right to treatment and consent to treatment.
9	(a) Each client who is admitted to and is receiving services from a facility has the right
10	to receive age-appropriate treatment for mental health, mental retardation, and substance abuse
11	illness or disability. a mental illness, an intellectual or developmental disability, substance abuse,
12	or a combination thereof. Each client within 30 days of admission to a facility shall have an
13	individual written treatment or habilitation plan implemented by the facility. The client and the
14	client's legally responsible person shall be informed in advance of the potential risks and alleged
15	benefits of the treatment choices.
16	
17	(e) In the case of an involuntarily committed client, treatment measures other than those
18	requiring express written consent as specified in subsection (f) of this section may be given
19	despite the refusal of the client, the client's legally responsible person, a health care agent named
20	pursuant to a valid health care power of attorney, or the client's refusal expressed in a valid
21	advance instruction for mental health treatment in the event of an emergency or when
22	consideration of side effects related to the specific treatment measure is given and in the
23	professional judgment, as documented in the client's record, of the treating physician and a
24	second physician, who is either the director of clinical services of the facility, or the director's
25	designee, either: that any of the following is true:

1	(1)	The client, without the benefit of the specific treatment measure, is incapable
2		of participating in any available treatment plan which will give the client a
3		realistic opportunity of improving the client's eondition; condition.
4	(2)	There is, without the benefit of the specific treatment measure, a significant
5		possibility that the client will harm self or others before improvement of the
6		client's condition is realized.
7	"	
8	SEC	FION 3. G.S. 122C-63 reads as rewritten:
9	"§ 122C-63.	Assurance for continuity of care for individuals with mental
10	retar	dation.intellectual or developmental disabilities.
11	(a) Any	individual with mental retardation an intellectual or developmental disability
12	admitted for res	idential care or treatment for other than respite or emergency care to any
13	residential facili	ty operated under the authority of this Chapter and supported all or in part by
14	state appropriate	d-State-appropriated funds has the right to residential placement in an alternative
15	facility if the clie	ent is in need of placement and if the original facility can no longer provide the
16	necessary care of	r treatment.
17	(b) The c	operator of a residential facility providing residential care or treatment, for other
18	than respite or	emergency care, for individuals with mental retardation intellectual or
19	developmental d	isabilities shall notify the area authority serving the client's county of residence
20	of his the opera	tor's intent to close a facility or to discharge a client who may be in need of
21	continuing care	at least 60 days prior to the closing or discharge.
22	The operator	's notification to the area authority of intent to close a facility or to discharge a
23	client who may l	be in need of continuing care constitutes the operator's acknowledgement of the
24	obligation to cor	tinue to serve the client until:until whichever of the following occurs first:

1	(1) The are	ea authority determines that the client is not in need of continuing
2	care; ca	re.
3	(2) The cli	ent is moved to an alternative residential placement; orplacement.
4	(3) Sixty d	ays have elapsed; <u>elapsed.</u>
5	whichever occurs first.	
6	In cases in which the	safety of the client who may be in need of continuing care, of other
7	clients, of the staff of the	residential facility, or of the general public, is concerned, this 60-day
8	notification period may b	e waived by securing an emergency placement in a more secure and
9	safe facility. The operator	or of the residential facility shall notify the area authority that an
10	emergency placement has	been arranged within 24 hours of the placement. The area authority
11	and the Secretary shall ret	ain their respective responsibilities upon receipt of this notice.
12	(c) An individual	who may be in need of continuing care may be discharged from a
13	residential facility without	further claim for continuing care against the area authority or the State
14	if:if any of the following i	s true:
15	(1) After t	he parent or guardian, if the client is a minor or an adjudicated
16	incomp	etent adult, or the client, if an adult not adjudicated incompetent, has
17	entered	into a contract with the operator upon the client's admission to the
18	origina	I residential facility facility, the parent, guardian, or client who entered
19	into the	contract refuses to carry out the contract, or contract.
20	(2) After a	alternative placement for a client in need of continuing care is located,
21	the pare	ent or guardian who admitted the client to the residential facility, if the
22	client is	s a minor or an adjudicated incompetent adult, or the client client, if the
23	client	is an adult not adjudicated incompetent, refuses the alternative
24	placem	ent.

- (d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded State-operated developmental center pending the outcome of the appeal.
- (e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. State-operated developmental center. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility.
- (f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period.
- (g) The area authority's financial responsibility, through local and allocated State resources, is limited to:to the following:
 - (1) Costs relating to the identification and coordination of alternative placements; placements.
- (2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and days.

1	(3) Release of allocated categorical State funds used to support the care or
2	treatment of the specific client at the time of alternative placement if the
3	Secretary requires the release.
4	(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic
5	rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall
6	adopt budgetary rules to implement this section."
7	SECTION 4. G.S. 122C-202 reads as rewritten:
8	"§ 122C-202. Applicability of Article.
9	This Article applies to all facilities unless expressly provided otherwise. Specific provisions
10	that are delineated by the disability of the client, whether mentally ill, mentally retarded,
11	developmentally disabled, or the client has a mental illness, has an intellectual or developmental
12	disability, or is a substance abuser, also apply to all facilities for that client's disability. Provisions
13	that refer to a specific facility or type of facility apply only to the designated facility or facilities."
14	SECTION 5. G.S. 122C-203 reads as rewritten:
15	"§ 122C-203. Admission or commitment and incompetency proceedings to have no effect
16	on one another.
17	The admission or commitment to a facility of an alleged mentally ill individual, individual
18	who allegedly has a mental illness, an alleged substance abuser, or an alleged mentally retarded
19	or developmentally disabled individual individual who allegedly has an intellectual or
20	developmental disability under the provisions of this Article shall in no way affect incompetency
21	proceedings as set forth in Chapter 35A or former Chapters 33 or 35 of the General Statutes and
22	incompetency proceedings under those Chapters shall have no effect upon admission or
23	commitment proceedings under this Article."
24	SECTION 6. G.S. 122C-241 reads as rewritten:
25	"§ 122C-241. Admissions.

follows:

(a) Except as provided in subsection (c) of this section_section, an individual with intellectual or developmental disabilities may be admitted to a facility for the developmentally disabled_individuals with intellectual or developmental disabilities in order that he_to_receive care, habilitation, rehabilitation, training, or treatment. Application for admission is made as

- (1) A minor with intellectual or developmental disabilities may be admitted upon application by both the father and the mother if they are living together and, if not, by the parent or parents having custody or by the legally responsible person.
- (2) An adult with <u>intellectual or</u> developmental disabilities who has been adjudicated incompetent under Chapter 35A or former Chapters 33 or 35 of the General Statutes may be admitted upon application by <u>his-the adult's</u> guardian.
- (3) An adult with <u>intellectual or</u> developmental disabilities who has not been adjudicated incompetent under Chapter 35A or former Chapters 33 or 35 of the General Statutes may be admitted upon <u>his-the adult</u>'s own application.
- (b) Prior to admission to a 24-hour facility, the individual shall be examined and evaluated by a physician or psychologist to determine whether the individual is developmentally disabled. has a developmental disability. In addition, the individual shall be examined and evaluated by a qualified developmental disabilities professional no sooner than 31 days prior to admission or within 72 hours after admission to determine whether the individual is in need of care, habilitation, rehabilitation, training training, or treatment by the facility. If the evaluating professional determines that the individual will not benefit from an admission, the individual shall not be admitted as a client.

- area shall follow the procedures as prescribed in the area plan. When an individual from a single portal area presents himself or herself or is presented for admission to a State facility for the mentally retarded directly directly to a State facility for individuals with intellectual or developmental disabilities and is in need of an emergency admission, he or she may be accepted for admission. The State facility shall notify the area authority within 24 hours of the admission and further planning of treatment for the individual is the joint responsibility of the area authority and the State facility as prescribed in the area plan."
- **SECTION 7.** G.S. 122C-261 reads as rewritten:
- 10 "§ 122C-261. Affidavit and petition before clerk or magistrate when immediate 11 hospitalization is not necessary; custody order.
 - (a) Anyone who has knowledge of an individual who is mentally ill-has a mental illness and is either (i) dangerous to self, as defined in G.S. 122C-3(11)a., or dangerous to others, as defined in G.S. 122C-3(11)b., or (ii) in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness, may appear before a clerk or assistant or deputy clerk of superior court or a magistrate and execute an affidavit to this effect, and petition the clerk or magistrate for issuance of an order to take the respondent into custody for examination by a *commitment examiner*. The affidavit shall include the facts on which the affiant's opinion is based. If the affiant has knowledge or reasonably believes that the respondent, in addition to being mentally ill, is also mentally retarded, having a mental illness, also has an intellectual disability, this fact shall be stated in the affidavit. Jurisdiction under this subsection is in the clerk or magistrate in the county where the respondent resides or is found.
 - (b) If the clerk or magistrate finds reasonable grounds to believe that the facts alleged in the affidavit are true and that the respondent is probably mentally ill-probably has a mental illness and is either (i) dangerous to self, as defined in G.S. 122C-3(11)a., or dangerous to others, as

- defined in G.S. 122C-3(11)b., or (ii) in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness, the clerk or magistrate shall issue an order to a law enforcement officer or any other *designated* person under *G.S. 122C-251(g)* to take the respondent into custody for examination by a *commitment examiner*. If the clerk or magistrate finds that, in addition to probably being mentally ill, probably having a mental illness, the respondent is also probably mentally retarded, also probably has an intellectual disability, the clerk or magistrate shall contact the area authority before issuing a custody order and the area authority shall designate the facility to which the respondent is to be taken for examination by a *commitment examiner*. The clerk or magistrate shall provide the petitioner and the respondent, if present, with specific information regarding the next steps that will occur for the respondent.
 - (c) If the clerk or magistrate issues a custody order, the clerk or magistrate shall also make inquiry in any reliable way as to whether the respondent is indigent within the meaning of G.S. 7A-450. A magistrate shall report the result of this inquiry to the clerk.
 - (d) If the affiant is a *commitment examiner*, all of the following apply:

15 ...

(6) If the clerk or magistrate finds probable cause to believe that the respondent, in addition to being mentally ill, is also mentally retarded, having a mental illness, also has an intellectual disability, the clerk or magistrate shall contact the area authority before issuing the order and the area authority shall designate the facility to which the respondent is to be transported.

21 ...

- (f) Notwithstanding the provisions of this section, in no event shall an individual known or reasonably believed to be mentally retarded have an intellectual disability be admitted to a State psychiatric hospital, except as follows: the following:
 - (1) Persons described in G.S. 122C-266(b); G.S. 122C-266(b).

1	(2)	Persons admitted pursuant to G.S. 15A-1321; G.S. 15A-1321.
2	(3)	Respondents who are so extremely dangerous as to pose a serious threat to the
3		community and to other patients committed to non-State hospital psychiatric
4		inpatient units, as determined by the Director of the Division of Mental
5		Health, Developmental Disabilities, and Substance Abuse Services or his-the
6		<u>Director's designee; and designee.</u>
7	(4)	Respondents who are so gravely disabled by both multiple disorders and
8		medical fragility or multiple disorders and deafness that alternative care is
9		inappropriate, as determined by the Director of the Division of Mental Health,
10		Developmental Disabilities, and Substance Abuse Services or his the
11		<u>Director's</u> designee.
12	Individuals to	ransported to a State facility for the mentally ill individuals with mental illnesses
13	who are not adm	itted by the facility may be transported by appropriate law enforcement officers
14	or designated sta	ff of the State facility in State-owned vehicles to an appropriate 24-hour facility
15	that provides psy	chiatric inpatient care.
16	No later than	24 hours after the transfer, the responsible professional at the original facility
17	shall notify the p	etitioner, the clerk of court, and, if consent is granted by the respondent, the next
18	of kin, that the tr	ansfer has been completed."
19	SEC'	ΓΙΟΝ 8. G.S. 122C-262 reads as rewritten:
20	"§ 122C-262.	Special emergency procedure for individuals needing immediate
21	hospi	italization.
22	(a) Anyo	ne, including a law enforcement officer, who has knowledge of an individual
23	who is subject to	inpatient commitment according to the criteria of G.S. 122C-263(d)(2) and who
24	requires immedia	ate hospitalization to prevent harm to self or others, may transport the individual
25	directly to an are	a facility or other place, including a State facility for the mentally ill, individuals

- 1 with mental illnesses, for examination by a commitment examiner in accordance with
- 2 G.S. 122C-263(c).
- 3 (b) Upon examination by the *commitment examiner*, if the individual meets the *inpatient*
- 4 commitment criteria specified in G.S. 122C-263(d)(2) and requires immediate hospitalization to
- 5 prevent harm to self or others, the commitment examiner shall so certify in writing before any
- 6 official authorized to administer oaths. The certificate shall also state the reason that the
- 7 individual requires immediate hospitalization. If the *commitment examiner* knows or has reason
- 8 to believe that the individual is mentally retarded, has an intellectual disability, the certificate
- 9 shall so state.
- 10 ...
- 11 (d) Anyone, including a law enforcement officer if necessary, may transport the
- individual to a 24-hour facility described in G.S. 122C-252 for examination and treatment
- pending a district court hearing. If there is no area 24-hour facility and if the respondent is
- indigent and unable to pay for care at a private 24-hour facility, the law enforcement officer or
- other designated person providing transportation shall take the respondent to a State facility for
- the mentally ill-individuals with mental illnesses designated by the Commission in accordance
- with G.S. 143B-147(a)(1)a-G.S. 143B-147(a)(1)a. and immediately notify the clerk of superior
- court of this action. The *commitment examiner's* certificate shall serve as the custody order and
- 19 the law enforcement officer or other designated person shall provide transportation in accordance
- 20 with the provisions of G.S. 122C-251. If a 24-hour facility is not immediately available or
- 21 appropriate to the respondent's medical condition, the respondent may be temporarily detained
- 22 under appropriate supervision in accordance with G.S. 122C-263(d)(2) and released in
- 23 accordance with G.S. 122C-263(d)(2).
- In the event an individual known or reasonably believed to be mentally retarded have an
- 25 <u>intellectual disability</u> is transported to a State facility for the mentally ill, individuals with mental

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2	individual is in or	ne or more of the following categories:
3	(1)	Persons described in G.S. 122C-266(b); G.S. 122C-266(b).
4	(2)	Persons admitted pursuant to G.S. 15A-1321; G.S. 15A-1321.
5	(3)	Respondents who are so extremely dangerous as to pose a serious threat to the
6		community and to other patients committed to non-State hospital psychiatric
7		inpatient units, as determined by the Director of the Division of Mental
8		Health, Developmental Disabilities, and Substance Abuse Services or his the
9		<u>Director's designee; anddesignee.</u>
10	(4)	Respondents who are so gravely disabled by both multiple disorders and
11		medical fragility or multiple disorders and deafness that alternative care is
12		inappropriate, as determined by the Director of the Division of Mental Health,
13		Developmental Disabilities, and Substance Abuse Services or his the
14		<u>Director's</u> designee.
15	Individuals tra	ansported to a State facility for the mentally ill-individuals with mental illnesses
16	who are not admit	ted by the facility may be transported by law enforcement officers or designated
17	staff of the State i	Facility in State-owned vehicles to an appropriate 24-hour facility that provides
18	psychiatric inpati	ent care.
19	No later than	24 hours after the transfer, the responsible professional at the original facility
20	shall notify the pe	titioner, the clerk of court, and, if consent is granted by the respondent, the next
21	of kin, that the tra	ansfer has been completed.
22	(e) Respo	ndents received at a 24-hour facility under the provisions of this section shall
23	be examined by	a second physician in accordance with G.S. 122C-266. After receipt of
24	notification that the	ne district court has determined reasonable grounds for the commitment, further
25	proceedings shall	be carried out in the same way as for all other respondents under this Part.

illnesses, in no event shall that individual be admitted to that facility except as follows:unless the

- (f) If, upon examination of a respondent presented in accordance with subsection (a) of this section, the commitment examiner finds that the individual meets the criteria for inpatient commitment specified in G.S. 122C-263(d)(2) but does not require immediate hospitalization to prevent harm to self or others, the commitment examiner may petition the clerk or magistrate in accordance with G.S. 122C-261(d) for an order to take the individual into custody for transport to a 24-hour facility described in G.S. 122C-252. If the commitment examiner recommends inpatient commitment and the clerk or magistrate finds probable cause to believe that the respondent meets the criteria for inpatient commitment, the clerk or magistrate shall issue an order for transport to or custody at a 24-hour facility described in G.S. 122C-252; provided, however, that if G.S. 122C-252. If, however, a 24-hour facility is not immediately available or appropriate to the respondent's medical condition, the respondent may be temporarily detained under appropriate supervision in accordance with G.S. 122C-263(d)(2) and released in accordance with G.S. 122C-263(d)(2).
 - (g) This section applies exclusively to an individual who is transported to an area facility or other place for an examination by a commitment examiner in accordance with subsection (a) of this section."
- **SECTION 9.** G.S. 122C-263 reads as rewritten:

"§ 122C-263. Duties of law enforcement officer; first examination.

(a) Without unnecessary delay after assuming custody, the law enforcement officer or the individual designated or required to provide transportation pursuant to G.S. 122C-251(g) shall take the respondent to a facility or other location identified by the LME/MCO in the community crisis services plan adopted pursuant to G.S. 122C-202.2 that has an available commitment examiner and is capable of performing a first examination in conjunction with a health screening at the same location, unless exigent circumstances require the respondent be transported to an emergency department

indicate appears to be suffering a medical emergency in which case the law enforcement officer will seek immediate medical assistance for the respondent. If a commitment examiner is not available, whether on-site, on-call, or via telemedicine, at any facility or location, or if a plan has not been adopted, the person designated to provide transportation shall take the respondent to an alternative non-hospital provider or facility-based crisis center for a first examination in conjunction with a health screening at the same location. If no non-hospital provider or facility-based crisis center for a first examination in conjunction with a health screening at the same location for health screening and first examination exists, the person designated to provide transportation shall take the respondent to a private hospital or clinic, a general hospital, an acute care hospital, or a State facility for the mentally ill.-individuals with mental illnesses. If a commitment examiner is not immediately available, the respondent may be temporarily detained in an area facility, if one is available; if an area facility is not available, the respondent may be detained under appropriate supervision in the respondent's home, in a private hospital or a clinic, in a general hospital, or in a State facility for the mentally ill, individuals with mental illnesses, but not in a jail or other penal facility. For the purposes of this section, "non-hospital provider" means an outpatient provider that provides either behavioral health or medical services.

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(c) The *commitment examiner* described in subsection (a) of this section shall examine the respondent as soon as possible, and in any event within 24 *hours* after the respondent is presented for examination. When the examination set forth in subsection (a) of this section is performed by a *commitment examiner*, the respondent may either be in the physical face-to-face presence of the *commitment examiner* or may be examined utilizing telemedicine equipment and procedures. A *commitment examiner* who examines a respondent by means of telemedicine must be satisfied to a reasonable medical certainty that the determinations made in accordance with subsection (d) of this section would not be different if the examination had been done in the

1	physical p	resenc	e of the commitment examiner. A commitment examiner who is not so satisfied
2	must note	that th	e examination was not satisfactorily accomplished, and the respondent must be
3	taken for	a face-	to-face examination in the physical presence of a person authorized to perform
4	examinati	ons un	der this section. As used in this section, "telemedicine" is the use of two-way
5	real-time	interac	tive audio and video between places of lesser and greater medical capability or
6	expertise	to prov	vide and support health care when distance separates participants who are in
7	different g	geograp	phical locations. A recipient is referred by one provider to receive the services
8	of another	provid	der via telemedicine.
9	The ex	xamina	tion shall include an assessment of at least all of the following with respect to
10	the respon	ıdent:	
11		(1)	Current and previous mental illness and mental retardation intellectual
12			disability including, if available, previous treatment history.
13		(2)	Dangerousness to self, as defined in G.S. 122C-3(11)a. or others, as defined
14			in G.S. 122C-3(11)b.
15		(3)	Ability to survive safely without inpatient commitment, including the
16			availability of supervision from family, friends friends, or others.
17		(4)	Capacity to make an informed decision concerning treatment.
18	(d)	After	the conclusion of the examination the commitment examiner shall make the
19	following	determ	ninations:
20		(1)	If the commitment examiner finds all of the following: following, the
21			commitment examiner shall so show on the examination report and shall
22			recommend outpatient commitment:
23			a. The respondent is mentally ill. has a mental illness.
24			b. The respondent is capable of surviving safely in the community with
25			available supervision from family, friends, or <i>others</i> .

THE GENERAL STATUTES COMMISSION HAS NOT APPROVED THIS DRAFT FOR INTRODUCTION.

25

1		c. Based on the respondent's psychiatric history, the respondent is in need
2		of treatment in order to prevent further disability or deterioration that
3		would predictably result in dangerousness as defined by
4		G.S. 122C-3(11).
5		d. The respondent's current mental status or the nature of the respondent's
6		illness limits or negates the respondent's ability to make an informed
7		decision to seek voluntarily or comply with recommended treatment.
8		The commitment examiner shall so show on the examination report and shall
9		recommend outpatient commitment. In addition the commitment examiner
10		shall show the name, address, and telephone number of the proposed
11		outpatient treatment physician or center in accordance with subsection (f) of
12		this section. The person designated in the order to provide transportation shall
13		return the respondent to the respondent's regular residence or, with the
14		respondent's consent, to the home of a consenting individual located in the
15		originating county, and the respondent shall be released from custody.
16	(2)	If the commitment examiner finds that the respondent is mentally ill-has a
17		mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or
18		others, as defined in G.S. 122C-3(11)b., the commitment examiner shall
19		recommend inpatient commitment, and shall so show on the examination
20		report. If, in addition to mental illness and dangerousness, the <i>commitment</i>
21		$examiner$ also finds that the respondent is known or reasonably believed to $\frac{be}{c}$
22		mentally retarded, have an intellectual disability, this finding shall be shown
23		on the report. Upon notification, the law enforcement officer or other
24		designated person shall take the respondent to a 24-hour facility described in

G.S. 122C-252 pending a district court hearing. To the extent feasible, in

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providing the transportation of the respondent, the law enforcement officer shall act within six hours of notification. The other designated person shall take the respondent to a 24-hour facility described in G.S. 122C-252 pending a district court hearing within six hours of notification. If there is no area 24-hour facility and if the respondent is indigent and unable to pay for care at a private 24-hour facility, the law enforcement officer or other designated person shall take the respondent to a State facility for the mentally ill individuals with mental illnesses designated by the Commission in accordance with G.S. 143B-147(a)(1)a. for custody, observation, and treatment and immediately notify the clerk of superior court of this action. If a 24-hour facility is not immediately available or appropriate to the respondent's medical condition, the respondent may be temporarily detained under appropriate supervision at the site of the first examination. Upon the commitment examiner's determination that a 24-hour facility is available and medically appropriate, the law enforcement officer or other designated person shall transport the respondent after receiving a request for transportation by the facility of the commitment examiner. To the extent feasible, in providing the transportation of the respondent, the law enforcement officer shall act within six hours of notification. The other designated person shall transport the respondent without unnecessary delay and within six hours after receiving a request for transportation by the facility of the commitment examiner. At any time during the respondent's temporary detention under appropriate supervision, if a commitment examiner determines that the respondent is no longer in need of inpatient commitment, the proceedings shall be terminated and the respondent transported and released in accordance with subdivision

(3) of this subsection. However, if the commitment examiner determines that
the respondent meets the criteria for outpatient commitment, as defined in
subdivision (1) of this subsection, the commitment examiner may recommend
outpatient commitment, and the respondent shall be transported and released
in accordance with subdivision (1) of this subsection. Any decision to
terminate the proceedings or to recommend outpatient commitment after an
initial recommendation of inpatient commitment shall be documented and
reported to the clerk of superior court in accordance with subsection (e) of this
section. If the respondent is temporarily detained and a 24-hour facility is not
available or medically appropriate seven days after the issuance of the custody
order, a commitment examiner shall report this fact to the clerk of superior
court and the proceedings shall be terminated. Termination of proceedings
pursuant to this subdivision shall not prohibit or prevent the initiation of new
involuntary commitment proceedings when appropriate. A commitment
examiner may initiate a new involuntary commitment proceeding prior to the
expiration of this seven-day period, as long as the respondent continues to
meet applicable criteria. Affidavits filed in support of proceedings terminated
pursuant to this subdivision may not be submitted in support of any
subsequent petitions for involuntary commitment. If the affiant initiating new
commitment proceedings is a commitment examiner, the affiant shall conduct
a new examination and may not rely upon examinations conducted as part of
proceedings terminated pursuant to this subdivision.
In the event an individual known or reasonably believed to be mentally

In the event an individual known or reasonably believed to be mentally retarded have an intellectual disability is transported to a State facility for the mentally ill, individuals with mental illnesses, in no event shall that individual

1	be admitted to that facility except as follows: unless the individual is in one or
2	more of the following categories:
3	a. Persons described in G.S. 122C-266(b); G.S. 122C-266(b).
4	b. Persons admitted pursuant to G.S. 15A-1321; G.S. 15A-1321.
5	c. Respondents who are so extremely dangerous as to pose a serious
6	threat to the community and to other patients committed to non-State
7	hospital psychiatric inpatient units, as determined by the Director of
8	the Division of Mental Health, Developmental Disabilities, and
9	Substance Abuse Services or his the Director's designee; and designee.
10	d. Respondents who are so gravely disabled by both multiple disorders
11	and medical fragility or multiple disorders and deafness that
12	alternative care is inappropriate, as determined by the Director of the
13	Division of Mental Health, Developmental Disabilities, and Substance
14	Abuse Services or his-the Director's designee.
15	Individuals transported to a State facility for the mentally ill-individuals
16	with mental illnesses who are not admitted by the facility may be transported
17	by law enforcement officers or designated staff of the State facility in
18	State-owned vehicles to an appropriate 24-hour facility that provides
19	psychiatric inpatient care.
20	No later than 24 hours after the transfer, the responsible professional at the
21	original facility shall notify the petitioner, the clerk of court, and, if consent is
22	granted by the respondent, the next of kin, that the transfer has been
23	completed.
24	"
25	SECTION 10. G.S. 122C-271 reads as rewritten:

"§ 122C-271. Disposition.

- (a) If *a commitment examiner* has recommended outpatient commitment and the respondent has been released pending the district court hearing, the court may make one of the following dispositions:
 - (1) If the court finds by clear, cogent, and convincing evidence that the respondent is mentally ill; has a mental illness; that he—the respondent is capable of surviving safely in the community with available supervision from family, friends, or others; that based on respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness as defined in G.S. 122C-3(11); and that the respondent's current mental status or the nature of his—the respondent's illness limits or negates his—the respondent's ability to make an informed decision to seek voluntarily or comply with recommended treatment, it may order outpatient commitment for a period not in excess of 90 days.
 - (2) If the court does not find that the respondent meets the criteria of commitment set out in subdivision (1) of this subsection, the respondent shall be discharged and the *proposed outpatient physician center* shall be so notified.

19 ...

- (b) If the respondent has been held in a 24-hour facility pending the district court hearing pursuant to G.S. 122C-268, the court may make one of the following dispositions:
 - (1) If the court finds by clear, cogent, and convincing evidence that the respondent is mentally ill; has a mental illness; that the respondent is capable of surviving safely in the community with available supervision from family, friends, or others; that based on respondent's psychiatric history, the respondent is in need

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of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness as defined by G.S. 122C-3(11); and that the respondent's current mental status or the nature of the respondent's illness limits or negates the respondent's ability to make an informed decision voluntarily to seek or comply with recommended treatment, it may order outpatient commitment for a period not in excess of 90 days. If the commitment proceedings were initiated as the result of the respondent's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found incapable of proceeding, the commitment order shall so show.

(2) If the court finds by clear, cogent, and convincing evidence that the respondent is mentally ill has a mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as defined in G.S. 122C-3(11)b., it may order inpatient commitment at a 24-hour facility described in G.S. 122C-252 for a period not in excess of 90 days. However, no respondent found to be both mentally retarded and mentally ill-have both an intellectual disability and a mental illness may be committed to a State, area or private facility for the mentally retarded area, or private facility for individuals with intellectual disabilities. An individual who is mentally ill has a mental illness and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as defined in G.S. 122C-3(11)b., may also be committed to a combination of inpatient and outpatient commitment at both a 24-hour facility and an outpatient treatment physician or center for a period not in excess of 90 days. If the commitment proceedings were initiated as the result of the respondent's being charged with a violent crime, including a crime involving an assault with a deadly weapon,

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and the respondent was found incapable of proceeding, the commitment order shall so show. If the court orders inpatient commitment for a respondent who is under an outpatient commitment order, the outpatient commitment is terminated; and the clerk of the superior court of the county where the district court hearing is held shall send a notice of the inpatient commitment to the clerk of superior court where the outpatient commitment was being supervised.

- (3) If the court does not find that the respondent meets either of the commitment criteria set out in subdivisions (1) and (2) of this subsection, the respondent shall be discharged, and the facility in which the respondent was last a client shall be so notified.
 - Before ordering any outpatient commitment, the court shall make findings of fact as to the availability of outpatient treatment from an outpatient treatment physician or center that has agreed to accept the respondent as a client of outpatient treatment services. The court shall also show on the order the outpatient treatment physician or center who is to be responsible for the management and supervision of the respondent's outpatient commitment. When an outpatient commitment order is issued for a respondent held in a 24-hour facility, the court may order the respondent held at the facility for no more than 72 hours in order for the facility to notify the designated outpatient treatment physician or center of the treatment needs of the respondent. The clerk of court in the county where the facility is located shall send a copy of the outpatient commitment order to the designated outpatient treatment physician or center and to the respondent or the legally responsible person. If the designated outpatient treatment physician or center shall be monitoring

and supervising the respondent's outpatient commitment pursuant to a contract for services with an LME/MCO, the clerk of court shall how show on the order the identity of the LME/MCO. The clerk of court shall send a copy of the order to the LME/MCO. Copies of outpatient commitment orders sent by the clerk of court to an outpatient treatment center or physician pursuant to this subdivision, including orders sent to an LME/MCO, shall be sent by the most reliable and expeditious means, but in no event less than 48 hours after the hearing. If the outpatient commitment will be supervised in a county other than the county where the commitment originated, the court shall order venue for further court proceedings to be transferred to the county where the outpatient commitment will be supervised. Upon an order changing venue, the clerk of superior court in the county where the outpatient commitment originated shall transfer the file to the clerk of superior court in the county where the outpatient commitment is to be supervised.

- (c) If the respondent was found not guilty by reason of insanity and has been held in a 24-hour facility pending the court hearing held pursuant to G.S. 122C-268.1, the court may make one of the following dispositions:
 - (1) If the court finds that the respondent has not proved by a preponderance of the evidence that he the respondent no longer has a mental illness or that he the respondent is no longer dangerous to others, it shall order inpatient treatment at a 24-hour facility for a period not to exceed 90 days.
 - (2) If the court finds that the respondent has proven by a preponderance of the evidence that he-the respondent no longer has a mental illness or that he-the respondent is no longer dangerous to others, the court shall order the respondent discharged and released."

PART II. PEOPLE FIRST LANGUAGE AMENDMENTS TO OTHER STATUTES

RELATING TO THE PROVISION OF SERVICES

- 3 **SECTION 11.** G.S. 7B-2502 reads as rewritten:
- 4 "§ 7B-2502. Evaluation and treatment of undisciplined and delinquent juveniles.

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If the court believes, or if there is evidence presented to the effect that the juvenile is (c) mentally ill or is developmentally disabled, has a mental illness or a developmental disability, the court shall refer the juvenile to the area mental health, developmental disabilities, and substance abuse services director for appropriate action. A juvenile shall not be committed directly to a State hospital or mental retardation center; State-operated developmental center, and orders purporting to commit a juvenile directly to a State hospital or mental retardation center State-operated developmental center, except for an examination to determine capacity to proceed proceed, shall be are void and of no effect. The area mental health, developmental disabilities, and substance abuse director shall be is responsible for arranging an interdisciplinary evaluation of the juvenile and mobilizing resources to meet the juvenile's needs. If institutionalization is determined to be the best service for the juvenile, admission shall be with the voluntary consent of the parent, guardian, or custodian. If the parent, guardian, or custodian refuses to consent to a mental hospital or retardation center admission after such institutionalization institutionalization after it is recommended by the area mental health, developmental disabilities, and substance abuse director, the signature and consent of the court may be substituted for that purpose. In all cases in which a regional mental hospital refuses admission to a juvenile referred for admission by the court and an area mental health, developmental disabilities, and substance abuse director or discharges a juvenile previously admitted on court referral prior to completion of the juvenile's treatment, the hospital shall submit to the court a written report setting out the reasons for denial of admission or discharge and setting out the juvenile's diagnosis, indications of mental illness,

1	indications of ne	ed for treatment, and a statement as to the location of any facility known to have
2	a treatment prog	ram for the juvenile in question."
3	SEC	ΓΙΟΝ 12.(a) G.S. 14-32.2 reads as rewritten:
4	"§ 14-32.2. Pati	ent abuse and neglect; punishments.punishments; definitions.
5	(a) It sha	ll be is unlawful for any person to physically abuse a patient of a health care
6	facility or a resid	ent of a residential care facility, when the abuse results in death or bodily injury.
7	(b) Unles	ss the conduct is prohibited by some other provision of law providing for greater
8	punishment: puni	shment, a violation of subsection (a) of this section is the following:
9	(1)	A violation of subsection (a) above is a A Class C felony where intentional
10		conduct proximately causes the death of the patient or resident; resident.
11	(2)	A violation of subsection (a) above is a A Class E felony where culpably
12		negligent conduct proximately causes the death of the patient or
13		resident;resident.
14	(3)	A violation of subsection (a) above is a A Class F felony where such conduct
15		is willful or culpably negligent and proximately causes serious bodily injury
16		to the patient or resident; resident.
17	(4)	A violation of subsection (a) is a A Class H felony where such conduct evinces
18		a pattern of conduct and the conduct is willful or culpably negligent and
19		proximately causes bodily injury to a patient or resident.
20	(c) "Heal	th Care Facility" shall include hospitals, skilled nursing facilities, intermediate
21	care facilities, i	ntermediate care facilities for the mentally retarded, psychiatric facilities,
22	rehabilitation fa	cilities, kidney disease treatment centers, home health agencies, ambulatory
23	surgical facilities	s, and any other health care related facility whether publicly or privately owned.
24	(c1) "Resi	dential Care Facility" shall include adult care homes and any other residential
25	care related facil	ity whether publicly or privately owned.

1	(d)	"Perso	on" shall include any natural person, association, corporation, partnership, or
2	other indi	vidual c	o r entity.
3	(e)	"Culp	ably negligent" shall mean conduct of a willful, gross and flagrant character,
4	evincing 1	reckless	disregard of human life.
5	(e1)	"Abus	e" means the willful or culpably negligent infliction of physical injury or the
6	willful or	culpabl	y negligent violation of any law designed for the health or welfare of a patient
7	or residen	ıt.	
8	(f)	Any d	defense which may arise under G.S. 90-321(h) or G.S. 90-322(d) pursuant to
9	complian	ce with	Article 23 of Chapter 90 of the General Statutes shall be is fully applicable to
10	any prose	cution i	nitiated under this section.
11	(g)	Crimi	nal process for a violation of this section may be issued only upon the request
12	of a Distr	ict Atto	rney.district attorney.
13	(h)	The pr	rovisions of this section shall-do not supersede any other applicable statutory or
14	common	law offe	enses.
15	<u>(i)</u>	The fo	ollowing definitions apply in this section:
16		<u>(1)</u>	Abuse. – The willful or culpably negligent infliction of physical injury or the
17			willful or culpably negligent violation of any law designed for the health or
18			welfare of a patient or resident.
19		<u>(2)</u>	<u>Culpably negligent. – Conduct of a willful, gross, and flagrant character,</u>
20			evincing reckless disregard of human life.
21		<u>(3)</u>	Health care facility Includes hospitals, skilled nursing facilities,
22			intermediate care facilities, intermediate care facilities for individuals with
23			intellectual disabilities, psychiatric facilities, rehabilitation facilities, kidney
24			disease treatment centers, home health agencies, ambulatory surgical

1			facilities, and any other health care related facility whether publicly or
2			privately owned.
3		<u>(4)</u>	Person Includes any individual, association, corporation, partnership, or
4			other entity.
5		<u>(5)</u>	Residential care facility. – Includes adult care homes and any other residential
6			care related facility whether publicly or privately owned."
7		SECT	FION 12.(b) G.S. 90-106 reads as rewritten:
8	"§ 90-10 <i>6</i>	6. Pres	criptions and labeling.
9	(a)	No S	chedule II substance shall be dispensed pursuant to a written or electronic
10	prescripti	on mor	e than six months after the date it was prescribed. Definitions. – As used in this
11	section, tl	he follo	wing terms have the following meanings:
12		<u>(1)</u>	Acute pain Pain, whether resulting from disease, accident, intentional
13			trauma, or other cause, that the practitioner reasonably expects to last for three
14			months or less. The term does not include chronic pain or pain being treated
15			as part of cancer care, hospice care, palliative care, or medication-assisted
16			treatment for a substance use disorder. The term does not include pain being
17			treated as part of cancer care, hospice care, or palliative care provided by a
18			person licensed to practice veterinary medicine pursuant to Article 11 of this
19			<u>Chapter.</u>
20		<u>(2)</u>	Chronic pain Pain that typically lasts for longer than three months or that
21			lasts beyond the time of normal tissue healing.
22		<u>(3)</u>	Surgical procedure A procedure that is performed for the purpose of
23			structurally altering the human body by incision or destruction of tissues as
24			part of the practice of medicine or a procedure that is performed for the
25			purpose of structurally altering the animal body by incision or destruction of

1			tissues as part of the practice of veterinary medicine. This term includes the
2			diagnostic or therapeutic treatment of conditions or disease processes by use
3			of instruments such as lasers, ultrasound, ionizing, radiation, scalpels, probes,
4			or needles that cause localized alteration or transportation of live human
5			tissue, or live animal tissue in the practice of veterinary medicine, by cutting,
6			burning, vaporizing, freezing, suturing, probing, or manipulating by closed
7			reduction for major dislocations and fractures, or otherwise altering by any
8			mechanical, thermal, light-based, electromagnetic, or chemical means.
9	(a1)	Elect	ronic Prescription Required; Exceptions. – Unless otherwise exempted by this
10	subsection	n, a pra	actitioner shall electronically prescribe all targeted controlled substances. This
11	subsection	n does i	not apply to prescriptions for targeted controlled substances issued by any of the
12	following	:	
13		(1)	A practitioner, other than a pharmacist, who dispenses directly to an ultimate
14			user.
15		(2)	A practitioner who orders a controlled substance to be administered in a
16			hospital, nursing home, hospice facility, outpatient dialysis facility, or
17			residential care facility, as defined in G.S. 14-32.2.G.S. 14-32.2(i).
18		(3)	A practitioner who experiences temporary technological or electrical failure
19			or other extenuating circumstance that prevents the prescription from being
20			transmitted electronically; provided, however, that the practitioner documents
21			electronically. The practitioner, however, shall document the reason for this
22			exception in the patient's medical record.
23		(4)	A practitioner who writes a prescription to be dispensed by a pharmacy
24			located on federal property; provided, however, that the practitioner

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1	documents property. The practitioner, however, shall document the reason for
2	this exception in the patient's medical record.

- (5) A person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes. this Chapter. A person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes—this Chapter may continue to prescribe targeted controlled substances from valid written, oral, or facsimile prescriptions that are otherwise consistent with applicable laws.
- (a2) Verification by Dispenser Not Required. A dispenser is not required to verify that a practitioner properly falls under one of the exceptions specified in subsection (a1) of this section prior to dispensing a targeted controlled substance. A dispenser may continue to dispense targeted controlled substances from valid written, oral, or facsimile prescriptions that are otherwise consistent with applicable laws.
- Limitation on Prescriptions Upon Initial Consultation for Acute Pain. A practitioner (a3) may shall not prescribe more than a five-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for post-operative acute pain relief for use immediately following a surgical procedure. A practitioner shall not prescribe more than a seven-day supply of any targeted controlled substance for post-operative acute pain relief immediately following a surgical procedure. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new prescription for a targeted controlled substance. This subsection does not apply to prescriptions for controlled substances issued by a practitioner who orders a controlled substance to be wholly administered in a hospital, nursing home licensed under Chapter 131E of the General Statutes, hospice facility, or residential care facility, as defined in G.S. 14-32.2(c1). G.S. 14-32.2(i). This subsection does not apply to prescriptions for controlled

1 substances issued by a practitioner who orders a controlled substance to be wholly administered 2 in an emergency facility, veterinary hospital, or animal hospital, as defined in G.S. 90-181.1. A 3 practitioner who acts in accordance with the limitation on prescriptions as set forth in this 4 subsection shall be is immune from any civil liability or disciplinary action from the practitioner's 5 occupational licensing agency for acting in accordance with this subsection. 6 Definitions. As used in this subsection, the following terms have the following (a4) 7 meanings: 8 (1) Acute pain. Pain, whether resulting from disease, accident, intentional 9 trauma, or other cause, that the practitioner reasonably expects to last for three 10 months or less. The term does not include chronic pain or pain being treated 11 as part of cancer care, hospice care, palliative care, or medication assisted 12 treatment for substance use disorder. The term does not include pain being 13 treated as part of cancer care, hospice care, or palliative care provided by a 14 person licensed to practice veterinary medicine pursuant to Article 11 of 15 Chapter 90 of the General Statutes. 16 (2) Chronic pain. Pain that typically lasts for longer than three months or that 17 lasts beyond the time of normal tissue healing. 18 Surgical procedure. A procedure that is performed for the purpose of (3) 19 structurally altering the human body by incision or destruction of tissues as 20 part of the practice of medicine or a procedure that is performed for the 21 purpose of structurally altering the animal body by incision or destruction of 22 tissues as part of the practice of veterinary medicine. This term includes the 23 diagnostic or therapeutic treatment of conditions or disease processes by use 24 of instruments such as lasers, ultrasound, ionizing, radiation, scalpels, probes, 25 or needles that cause localized alteration or transportation of live human

1	tissue, or live animal tissue in the practice of veterinary medicine, by cutting,
2	burning, vaporizing, freezing, suturing, probing, or manipulating by closed
3	reduction for major dislocations and fractures, or otherwise altering by any
4	mechanical, thermal, light-based, electromagnetic, or chemical means.
5	(a5) Dispenser Immunity. – A dispenser shall be is immune from any civil or criminal
6	liability or disciplinary action from the Board of Pharmacy for dispensing a prescription written
7	by a prescriber in violation of this section.
8	(b) <u>Dispensing of Schedule II Controlled Substances. – No Schedule II substance shall</u>
9	be dispensed pursuant to a written or electronic prescription more than six months after the date
10	it was prescribed. In emergency situations, as defined by rule of the Commission, Schedule II
11	drugs-controlled substances may be dispensed upon oral prescription of a practitioner, reduced
12	promptly to writing and filed by the dispensing agent. Prescriptions shall be retained in
13	conformity with the requirements of G.S. 90-104. No prescription for a Schedule II substance
14	may shall be refilled.
15	(c) <u>Dispensing of Schedule III and IV Controlled Substances.</u> Except when dispensed
16	directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance
17	included in Schedules III or IV, except paregoric, U.S.P., as provided in G.S. 90-91(e)1, may
18	G.S. 90-91(e)1., shall be dispensed without a prescription, and oral prescriptions shall be
19	promptly reduced to writing and filed with the dispensing agent. Such The prescription may shall
20	not be filled or refilled more than six months after the date thereof of the prescription or be refilled
21	more than five times after the date of the prescription.
22	(d) <u>Dispensing of Schedule V Controlled Substances.</u> No controlled substance included
23	in Schedule V of this Article or paregoric, U.S.P., may shall be distributed or dispensed other
24	than for a medical purpose.

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- 1 (e) <u>Dispensing of Schedule VI Controlled Substances.</u> No controlled substance
 2 included in Schedule VI of this Article <u>may shall</u> be distributed or dispensed other than for
 3 scientific or research purposes by persons registered under, or permitted by, this Article to engage
 4 in scientific or research projects.
- 5 (f) <u>Labeling Requirements.</u>—No controlled substance shall be dispensed or distributed 6 in this State unless <u>such-the</u> substance <u>shall be is</u> in a container clearly labeled in accord with 7 regulations lawfully adopted and published by the federal government or the Commission.
- 8 (g) <u>Copies.</u>—When a copy of a prescription for a controlled substance under this Article
 9 is given as required by G.S. 90-70, <u>such_the_copy</u> shall be plainly marked: "Copy for
 10 information only." Copies of prescriptions for controlled substances shall not be filled or refilled.
 - (h) <u>Fill Date.</u> A pharmacist dispensing a controlled substance under this Article shall enter the date of dispensing on the prescription order pursuant to which <u>such_the_controlled</u> substance was dispensed.
 - (i) <u>Distribution of Complimentary Samples.</u> A manufacturer's sales representative may distribute a controlled substance as a complimentary sample only upon the written request of a practitioner. <u>Such The request</u> must be made on each distribution and must contain the names and addresses of the supplier and the requester and the name and quantity of the specific controlled substance requested. The manufacturer shall maintain a record of each <u>such request</u> for a period of two years."
- [Staff Note: This amendment is a conforming amendment to the renumbering of the definitions in G.S. 14-32.2. This draft moves language from subsection (a) to subsection (b), moves language from subsection (a4) to subsection (a), and adds subsection catchlines, upon the suggestion of a colleague in the Bill Drafting Division who drafts in this area.]
 - **SECTION 12.(c)** This section becomes effective January 1, 2020, and applies to offenses committed on or after that date.
- 27 **SECTION 13.(a)** G.S. 58-55-35 reads as rewritten:
- 28 "§ 58-55-35. Facilities, services, and conditions defined.

1	(a)	When	ever long-term care insurance provides coverage for the facilities, services, or
2	physical o	or menta	al conditions listed below, unless otherwise defined in the policy and certificate,
3	and appro	oved by	the Commissioner, such the facilities, services, or conditions are defined as
4	follows: <u>h</u>	ave the	following definitions:
5		(1)	"Adult care home" shall be defined in accordance with the terms of Adult care
6			home. – As defined in G.S. 131D-2.1(3).
7		(1a)	"Adult day care program" shall be defined in accordance with the provisions
8			of Adult day care program. – As defined in G.S. 131D-6(b).
9		(2)	"Chore" services include Chore services. – Include the performance of tasks
10			incidental to activities of daily living that do not require the services of a
11			trained homemaker or other specialist. Such-The services are provided to
12			enable individuals to remain in their own homes and may include such
13			services as: assistance in meeting basic care needs such as meal preparation;
14			shopping for food and other necessities; running necessary errands; providing
15			transportation to essential service facilities; care and cleaning of the house,
16			grounds, clothing, and linens.
17		(3)	"Combination home" shall be defined in accordance with the terms of
18			Combination home. – As defined in G.S. 131E-101(1a).
19		(4)	Repealed by Session Laws 1995, c. 535, s. 3.
20		(5)	"Family care home" shall be defined in accordance with the terms of Family
21			care home. – As defined in G.S. 131D-2.1(9).
22		(6)	Renumbered.
23		(7)	Repealed by Session Laws 1995, c. 535, s. 3.
24		(8)	"Home health services" shall be defined in accordance with the terms of Home
25			care services. – As defined in G.S. 131E-136(3).

1	(9)	"Homemaker services" means supportive Homemaker services. – Supportive
2		services provided by qualified para-professionals who are trained, equipped,
3		assigned, and supervised by professionals within the agency to help maintain,
4		strengthen, and safeguard the care of the elderly in their own homes. These
5		standards must, at a minimum, meet standards established by the North
6		Carolina Division of Social Services and may include: Providing providing
7		assistance in management of household budgets; planning nutritious meals;
8		purchasing and preparing foods; housekeeping duties; consumer education;
9		and basic personal and health care.
10	(10)	"Hospice" shall be defined in accordance with the terms of Hospice As
11		<u>defined in G.S. 131E-176(13a).</u>
12	(11)	"Intermediate care facility for the mentally retarded" shall be defined in
13		accordance with the terms of Intermediate care facility for individuals with
14		intellectual disabilities. – As defined in G.S. 131E-176(14a).
15	(12)	"Nursing home" shall be defined in accordance with the terms of Nursing
16		<u>home. – As defined in G.S. 131E-101(6).</u>
17	(13)	"Respite care, institutional" means provision Respite care, institutional. –
18		<u>Provision</u> of temporary support to the primary caregiver of the aged , disabled ,
19		or handicapped aged individual or individual with a disability by taking over
20		the tasks of that person for a limited period of time. The insured receives care
21		for the respite period in an institutional setting, such as a nursing home, family
22		care home, rest home, or other appropriate setting.
23	(14)	"Respite care, non-institutional" means provision Respite care,
24		<u>non-institutional. – Provision</u> of temporary support to the primary caregiver
25		of the aged, disabled, or handicapped aged individual or individual with a

1	disability by taking over the tasks of that person for a limited period o	f time
2	in the home of the insured or other appropriate community location.	
3	(15) "Skilled Nursing Facility" shall be defined in accordance with the ter	ms of
4	G.S. 135-40.1(18). Skilled nursing facility. – An institution licensed	under
5	applicable State laws and primarily engaged in providing to inpatients,	under
6	the supervision of a doctor and a registered professional nurse, skilled n	ursing
7	care and related services on a 24-hour basis, and rehabilitative services.	-
8	(16) "Supervised living facility for developmentally disabled adults" me	ans a
9	Supervised living facility for adults with developmental disabilities	<u>. – A</u>
10	residential facility, as defined in G.S. 122C-3(14), which that has two t	o nine
11	developmentally disabled adult residents adult residents with developmentally disabled adult residents.	<u>nental</u>
12	<u>disabilities.</u>	
13	(b) Whenever long-term care insurance provides coverage for organic brain di	sorder
14	syndrome, progressive dementing illness, or primary degenerative dementia, such phrases	shall
15	be interpreted to include Alzheimer's Disease. Clinical A clinical diagnosis of "organic	brain
16	disorder syndrome", syndrome," "progressive dementing illness", and illness," or "progressive dementing illness", and illness," or "progressive dementing illness", and illness, "or "progressive dementing illness", and "progressive dementing illness", and "progressive dementing illness", and "progressive dementing illness", and "progressive deme	imary
17	degenerative dementia" must be accepted as evidence that such conditions exist such a con	<u>dition</u>
18	exists in an insured when if a pathological diagnosis cannot be made; provided that such	<u>made,</u>
19	the medical evidence substantially documents the diagnosis of the condition condition, a	nd the
20	insured received treatment for such the condition.	
21	(c) All long-term care insurance policies must be filed with and approved by	y the
22	Commissioner before they can be used in this State and are subject to the provisions of A	Article
23	38 of this Chapter."	
24	SECTION 13.(b) This section becomes effective October 1, 2019, and app	lies to
25	contracts entered into on or after that date.	

SECTION 14. G.S. 108A-101(d) reads as rewritten:

- "(d) The words "disabled adult" shall mean any person 18 years of age or over or any lawfully emancipated minor who is present in the State of North Carolina and who is physically or mentally incapacitated due to mental retardation, an intellectual disability, cerebral palsy, epilepsy or autism; organic brain damage caused by advanced age or other physical degeneration in connection therewith; or due to conditions incurred at any age which are the result of accident, organic brain damage, mental or physical illness, or continued consumption or absorption of substances."
- **SECTION 15.** G.S. 115C-108.1 reads as rewritten:
- 10 "§ 115C-108.1. State Board lead agency.

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administrative units also are applicable to the Department of Health and Human Services, and the Division of Adult Correction and Juvenile Justice of the Department of Public Safety, and their divisions and agencies; all duties, responsibilities, rights, and privileges specifically imposed on or granted to local school administrative units by this Article also are imposed on or granted to the Department of Health and Human Services, and the Division of Adult Correction and Juvenile Justice of the Department of Public Safety, and their divisions and agencies. However, with respect to children with disabilities who are residents or patients of any State-operated or State-supported residential treatment facility, including a school for the deaf, school for the blind, mental hospital or center, mental retardation center, developmental center, or in a facility operated by the Division of Adult Correction and Juvenile Justice of the Department of Public Safety, or any of their divisions and agencies, the Board may contract with the Department of Health and Human Services, and the Division of Adult Correction and Juvenile Justice of the Department of Public Safety for the provision of special education and related

services and the power to review, revise, and approve any plans for special education and related

2 services to those residents.

- shall submit to the Board their plans for the education of children with disabilities in their care, custody, or control. The Board may grant specific exemptions for programs administered by the Department of Health and Human Services or the Division of Adult Correction and Juvenile Justice of the Department of Public Safety when compliance by them with the Board's standards would, in the Board's judgment, impose undue hardship on that department or division and when other procedural due process requirements, substantially equivalent to those required under this Article and IDEA, are assured in programs of special education and related services furnished to children with disabilities served by that department. Further, the Board shall recognize that inpatient and residential special education programs within the Departments—Department of Health and Human Services or the Division of Adult Correction and Juvenile Justice of the Department of Public Safety may require more program resources than those necessary for optimal operation of these programs in local school administrative units.
- (e) The Board shall support and encourage joint and collaborative special education planning and programming at local levels to include local school administrative units and the programs and agencies of the <u>Departments-Department</u> of Health and Human Services or the Division of Adult Correction and Juvenile Justice of the Department of Public Safety."
- **SECTION 16.** G.S. 131D-10.4 reads as rewritten:
- "§ 131D-10.4. Exemptions.
- This Article shall does not apply to:to any of the following:
- 23 (1) Any residential child-care facility chartered by the laws of the State of North
 24 Carolina (or operating under charters of other states which have complied with
 25 the corporation laws of North Carolina) which has a plant and assets worth

1		sixty thousand dollars (\$60,000) or more and which is owned or operated by
2		a religious denomination or fraternal order and which was in operation before
3		July 1, 1977; <u>1977.</u>
4	(2)	State institutions for emotionally disturbed or delinquent children, the
5		mentally ill, mentally retarded, and children with serious emotional
6		disturbances, delinquent children, or individuals with mental illnesses,
7		intellectual or developmental disabilities, or substance abusers; substance use
8		disorders.
9	(3)	Secure detention facilities as specified in Part 3 of Article 13 of Chapter 143B
10		of the General Statutes; Statutes.
11	(4)	Licensable facilities subject to the rules of the Commission for Mental Health,
12		Developmental Disabilities, and Substance Abuse Services as specified in
13		Article 2 of Chapter 122C of the General Statutes; Statutes.
14	(5)	Persons authorized by statute to receive and place children for foster care and
15		adoption in accordance with G.S. 108A-14; G.S. 108A-14.
16	(6)	Primarily educational institutions as defined in G.S. 131D-10.2(11);
17		orG.S. 131D-10.2(11).
18	(7)	Individuals who are related by blood, marriage, or adoption to the child."
19	SECT	TION 17. G.S. 131D-31 reads as rewritten:
20	"§ 131D-31. Ad	ult care home community advisory committees.
21	(a) Stater	nent of Purpose. – It is the intention of the General Assembly that community
22	advisory commit	tee members function as representatives of the Office of the State Long-Term
23	Care Ombudsma	n and through their designation work to maintain the intent of the Adult Care
24	Home Residents'	Bill of Rights within the licensed adult care homes in this State. It is the further
25	intent of the Ge	eneral Assembly that the committees promote community involvement and

1 cooperation with adult care homes to ensure quality care for the elderly and disabled adults.adults

with disabilities.

(b) Establishment and Appointment of Committees. –

4 ...

(3) In counties with no adult care homes with 10 or more beds, the committee shall have five members. Regardless of how many members a particular community advisory committee is required to have, at least one member of each committee shall be a person involved in the area of mental retardation.intellectual or developmental disabilities.

Home Community Advisory Committees. adult care home community advisory committees. Of the members, a minority (not less than one-third, but as close to one-third as possible) shall be chosen from among persons nominated by a majority of the chief administrators of adult care homes in the county. If the adult care home administrators fail to make a nomination within 45 days after written notification has been sent to them requesting a nomination, these appointments may be made without nominations. If the county commissioners fail to appoint members to a committee, the appointments shall be made by the Office of the State Long-Term Care Ombudsman no sooner than 45 days after nominations have been requested from the adult care home administrators. In making appointments, the Office of the State Long-Term Care Ombudsman shall follow the same appointment process as that specified for the County Commissioners-county

commissioners.

(5) Notwithstanding any other provision of this Article, appointment to an Adult

Care Home Community Advisory Committee adult care home community

advisory committee is contingent upon designation of the appointee by the

Office of the State Long-Term Care Ombudsman in accordance with

G.S. 143B-181.18. A designated appointee is directly accountable to the State

Long-Term Care Ombudsman Program in order to perform the duties as a

representative of the Office of the State Long-Term Care Ombudsman.

Removal of the appointee's designation by the Office of the State Long-Term

Care Ombudsman automatically rescinds the appointment to the Adult Care

Home Community Advisory Committee: adult care home community advisory

committee.

12 ...

Appointment to the Nursing Adult Care Home Community Advisory Committees. —
Appointment to the Nursing Home Community Advisory Committees nursing home community advisory committees shall preclude appointment to the Adult Care Home Community Advisory Committees—adult care home community advisory committees—except where written approval to combine these committees is obtained from the Office of the State Long-Term Care Ombudsman. Where this approval is obtained, the Joint Nursing and Adult Care Home Community Advisory Committee—joint nursing and adult care home community advisory committee shall have the membership required of Nursing Home Community—Advisory—Committees—nursing home community advisory committees and one additional member for each adult care home with 10 or more beds, there shall be one additional member for every four other types of adult care homes in the county. In no case shall the number of members on the Joint Nursing and Adult Care Home Community Advisory Committee—joint nursing and adult care home community advisory committee exceed

- 1 25. Each member shall exercise the statutory rights and responsibilities of both Nursing Home
- 2 Committees nursing home community advisory committees and Adult Care Home Committees.
- 3 <u>adult care home community advisory committees.</u> In making appointments to this joint
- 4 committee, the county commissioners shall solicit nominations from both nursing and adult care
- 5 home administrators for the appointment of approximately (but no more than) one-third of the
- 6 members.
- 7 ...
- 8 (g) Minimum Qualifications for Appointment. Each member must be a resident of the
- 9 county which the committee serves. No person or immediate family member of a person with a
- 10 financial interest in a home served by the committee, or employee or governing board member
- of a home served by the committee, or immediate family member of a resident in a home served
- by the committee may be a member of that committee. Any county commissioner who is
- appointed to the committee shall be deemed to be serving serves on the committee in an ex officio
- 14 capacity. Members of the committee shall serve without compensation, but may be reimbursed
- 15 for actual expenses incurred by them in the performance of their duties. The names of the
- 16 committee members and the date of expiration of their terms shall be filed with the Office of the
- 17 State Long-Term Care Ombudsman.
- 18 ...
- 19 (i) Privilege. Any written communication made by a member of an adult care home
- 20 advisory committee within the course and scope of the member's duties, as specified in
- G.S. 131D-32, shall be is privileged to the extent provided in this subsection. All communication
- shall be considered is the property of the Office of the State Long-Term Care Ombudsman and
- 23 <u>is subject to the Office's disclosure policies.</u> This privilege shall be is a defense in a cause of
- 24 action for libel if the member was acting in good faith and the statements and communications
- do not amount to intentional wrongdoing.

1	To the extent	t that any adult care home advisory committee or any member is covered by
2	liability insurance	e, that committee or member shall be deemed to have waived the qualified
3	immunity herein	provided in this subsection to the extent of indemnification by insurance."
4	SECT	ΓΙΟΝ 18. G.S. 131E-154.2 reads as rewritten:
5	"§ 131E-154.2.	Definitions.
6	As used in th	is Part, unless the context clearly implies otherwise: The following definitions
7	apply in this Part	<u>:</u>
8	(1)	"Commission" means the Commission. – The North Carolina Medical Care
9		Commission.
10	(2)	"Department" means the Department. – The Department of Health and Human
11		Services.
12	(3)	"Health Care Facility" means a Health care facility. – A hospital, hospital;
13		psychiatric facility; rehabilitation facility; long-term care facility; home health
14		agency; intermediate care facility for the mentally retarded; individuals with
15		intellectual disabilities; chemical dependency treatment facility; and
16		ambulatory surgical facility.
17	(4)	"Nursing pool" means any Nursing pool Any person, firm, corporation,
18		partnership, or association engaged for hire in the business of providing or
19		procuring temporary employment in health care facilities for nursing
20		personnel, including nurses, nursing assistants, nurses aides, and orderlies.
21		"Nursing pool" does not include an individual who engages solely in
22		providing his-the individual's own services on a temporary basis to health care
23		facilities.
24	(5)	"Trauma" means acute Trauma Acute physical injury to the human body
25		that is judged, by the use of standardized field triage criteria (anatomic,

1		physiologic, or mechanism of injury), to create a significant risk of mortality
2		or major morbidity."
3	SECT	ION 19. G.S. 131E-176 reads as rewritten:
4	"§ 131E-176. Def	finitions.
5	As used in thi	is Article, unless the context clearly requires otherwise, the following terms
6	have the meanings	s specified: The following definitions apply in this Article:
7	(1)	"Adult care home" means a Adult care home. – A facility with seven or more
8		beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes
9		or Chapter 131E of the General Statutes under this Chapter that provides
10		residential care for aged or disabled persons individuals or individuals with
11		disabilities whose principal need is a home which provides the supervision
12		and personal care appropriate to their age and disability and for whom medical
13		care is only occasional or incidental.
14	(1a)	(See note) "Air ambulance" means aircraft_Air ambulance. – Aircraft_used to
15		provide air transport of sick or injured persons between destinations within
16		the State.
17	(1b)	"Ambulatory surgical facility" means a Ambulatory surgical facility. – A
18		facility designed for the provision of a specialty ambulatory surgical program
19		or a multispecialty ambulatory surgical program. An ambulatory surgical
20		facility serves patients who require local, regional regional, or general
21		anesthesia and a period of post-operative observation. An ambulatory surgical
22		facility may only admit patients for a period of less than 24 hours and must
23		provide at least one designated operating room or gastrointestinal endoscopy
24		room, as defined in Article 5 Part 1 and Article 6, Part 4 of this Chapter, room
25		and at least one designated recovery room, have available the necessary

equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under G.S. Chapter 131E, Article 6, Part D, Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program as defined in subdivision (1e) of this section and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.

(1c) "Ambulatory surgical program" means a Ambulatory surgical program. – A

- (1c) "Ambulatory surgical program" means a Ambulatory surgical program. A formal program for providing on a same-day basis those surgical procedures which require local, regional regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- "Bed capacity" means space—Bed capacity. Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

1	(2a)	"Bone marrow transplantation services" means the Bone marrow
2		<u>transplantation services. – The process of infusing bone marrow into persons</u>
3		with diseases to stimulate the production of blood cells.
4	(2b)	"Burn intensive care services" means services Burn intensive care services. —
5		Services provided in a unit designed to care for patients who have been
6		severely burned.
7	(2c)	"Campus" means the Campus The adjacent grounds and buildings, or
8		grounds and buildings not separated by more than a public right-of-way, of a
9		health service facility and related health care entities.
10	(2d)	"Capital expenditure" means an Capital expenditure. – An expenditure for a
11		project, including but not limited to the cost of construction, engineering, and
12		equipment which under generally accepted accounting principles is not
13		properly chargeable as an expense of operation and maintenance. Capital
14		expenditure includes, in addition, the fair market value of an acquisition made
15		by donation, lease, or comparable arrangement by which a person obtains
16		equipment, the expenditure for which would have been considered a capital
17		expenditure under this Article if the person had acquired it by purchase.
18	(2e)	Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice
19		offices December 31, 2005.
20	(2f)	"Cardiac catheterization equipment" means the Cardiac catheterization
21		<u>equipment. – The</u> equipment used to provide cardiac catheterization services.
22	(2g)	"Cardiac catheterization services" means those Cardiac catheterization
23		<u>services. – Those</u> procedures, excluding pulmonary angiography procedures,
24		in which a catheter is introduced into a vein or artery and threaded through the
25		circulatory system into the heart specifically to diagnose abnormalities in the

1		motion, contraction, and blood flow of the moving heart or to perform surgical
2		therapeutic interventions to restore, repair, or reconstruct the coronary blood
3		vessels of the heart.
4	(3)	"Certificate of need" means a Certificate of need A written order which
5		affords the person so designated as the legal proponent of the proposed project
6		the opportunity to proceed with the development of such the project.
7	(4)	Repealed by Session Laws 1993, c. 7, s. 2.
8	(5)	"Change in bed capacity" meansChange in bed capacity Any of the
9		following:
10		<u>a.</u> (i) any Any relocation of health service facility beds, or dialysis
11		stations from one licensed facility or campus to another, or another.
12		<u>b.</u> (ii) any Any redistribution of health service facility bed capacity
13		among the categories of health service facility bed as defined in
14		G.S. 131E 176(9c), or <u>bed.</u>
15		<u>c.</u> (iii) any Any increase in the number of health service facility beds, or
16		dialysis stations in kidney disease treatment centers, including
17		freestanding dialysis units.
18	(5a)	"Chemical dependency treatment facility" means a Chemical dependency
19		<u>treatment facility A public</u> or private facility, or unit in a facility, which is
20		engaged in providing 24-hour a day treatment for chemical dependency or
21		substance abuse. This treatment may include detoxification, administration of
22		a therapeutic regimen for the treatment of chemically dependent or substance
23		abusing persons individuals with chemical dependence or substance use
24		disorders, and related services. The facility or unit may be:be any of the
25		following:

1		a.	A unit within a general hospital or an attached or freestanding unit of
2			a general hospital licensed under Article 5, Chapter 131E, of the
3			General Statutes, Article 5 of this Chapter.
4		b.	A unit within a psychiatric hospital or an attached or freestanding unit
5			of a psychiatric hospital licensed under Article 1A of General Statutes
6			Chapter 122 or Article 2 of General Statutes Chapter 122C, Article 2
7			of Chapter 122C of the General Statutes.
8		c.	A freestanding facility specializing in treatment of persons who are
9			substance abusers or chemically dependent licensed under Article 1A
10			of General Statutes Chapter 122 or Article 2 of General Statutes
11			Chapter 122C; and individuals with chemical dependence or substance
12			use disorders that is licensed under Article 2 of Chapter 122C of the
13			General Statutes. The facility may be identified as "chemical
14			dependency, substance abuse, alcoholism, or drug abuse treatment
15			units," "residential chemical dependency, substance abuse, use
16			disorder, alcoholism or drug abuse facilities," or by other names if the
17			purpose is to provide treatment of chemically dependent or substance
18			abusing persons, but shall-individuals with chemical dependence or
19			substance use disorders. The term, however, does not include social
20			setting detoxification facilities, medical detoxification facilities,
21			halfway houses houses, or recovery farms.
22	(5b)	"Chen	nical dependency treatment beds" means beds Chemical dependency
23		treatm	ent beds. – Beds that are licensed for the inpatient treatment of chemical
24		depen	dency. Residential treatment beds for the treatment of chemical
25		depen	dency or substance abuse are chemical dependency treatment beds.

1		Chemical dependency treatment beds shall do not include beds licensed for
2		detoxification.
3	(6)	"Department" means the Department. – The North Carolina Department of
4		Health and Human Services.
5	(7)	To "develop" when Develop. – When used in connection with health services,
6		means to undertake those activities which will result in the offering of
7		institutional health service or the incurring of a financial obligation in relation
8		to the offering of such a service.
9	(7a)	"Diagnostic center" means a Diagnostic center A freestanding facility,
10		program, or provider, including but not limited to, physicians' offices, clinical
11		laboratories, radiology centers, and mobile diagnostic programs, in which the
12		total cost of all the medical diagnostic equipment utilized by the facility which
13		cost ten thousand dollars (\$10,000) or more exceeds five hundred thousand
14		dollars (\$500,000). In determining whether the medical diagnostic equipment
15		in a diagnostic center costs more than five hundred thousand dollars
16		(\$500,000), the costs of the equipment, studies, surveys, designs, plans,
17		working drawings, specifications, construction, installation, and other
18		activities essential to acquiring and making operational the equipment shall be
19		included. The capital expenditure for the equipment shall be deemed to be the
20		fair market value of the equipment or the cost of the equipment, whichever is
21		greater.
22	(7b)	"Expedited review" means the Expedited review The status given to an
23		application's review process when the applicant petitions for the review and
24		the Department approves the request based on findings that all of the
25		following are met:

1		
2	(7c)	"Gamma knife" means equipment Gamma knife Equipment which emits
3		photon beams from a stationary radioactive cobalt source to treat lesions deep
4		within the brain and is one type of stereotactic radiosurgery.
5	(7d)	"Gastrointestinal endoscopy room" means a Gastrointestinal endoscopy room
6		<u>A</u> room used for the performance of procedures that require the insertion of
7		a flexible endoscope into a gastrointestinal orifice to visualize the
8		gastrointestinal lining and adjacent organs for diagnostic or therapeutic
9		purposes.
10	(8),	(9) Repealed by Session Laws 1987, c. 511, s. 1.
11	(9a)	"Health service" means an Health service An organized, interrelated
12		activity that is medical, diagnostic, therapeutic, and/or rehabilitative activity
13		rehabilitative, or a combination thereof and that is integral to the prevention
14		of disease or the clinical management of a sick, injured, or disabled person
15		an individual who is sick or injured or who has a disability. "Health service"
16		does not include administrative and other activities that are not integral to
17		clinical management.
18	(9b)	"Health service facility" means a Health service facility A hospital
19		long-term care hospital; psychiatric facility; rehabilitation facility; nursing
20		home facility; adult care home; kidney disease treatment center, including
21		freestanding hemodialysis units; intermediate care facility for the mentally
22		retarded; individuals with intellectual disabilities; home health agency office
23		chemical dependency treatment facility; diagnostic center; hospice office
24		hospice inpatient facility, hospice residential care facility; and ambulatory

surgical facility.

1	(9c)	"Health service facility bed" means a Health service facility bed. – A bed
2		licensed for use in a health service facility in the categories of (i) acute care
3		beds; (ii) psychiatric beds; (iii) rehabilitation beds; (iv) nursing home beds;
4		(v) intermediate care beds for the mentally retarded; individuals with
5		intellectual disabilities; (vi) chemical dependency treatment beds; (vii)
6		hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix)
7		adult care home beds; and (x) long-term care hospital beds.
8	(10)	"Health maintenance organization (HMO)" means a Health maintenance
9		organization (HMO) A public or private organization which has received
10		its certificate of authority under Article 67 of Chapter 58 of the General
11		Statutes and which either is a qualified health maintenance organization under
12		Section 1310(d) of the Public Health Service Act or: or satisfies all of the
13		following:
14		a. Provides or otherwise makes available to enrolled participants health
15		care services, including at least the following basic health care
16		services: usual physician services, hospitalization, laboratory, X ray,
17		emergency and preventive services, and out-of-area
18		coverage; coverage.
19		b. Is compensated, except for copayments, for the provision of the basic
20		health care services listed above in sub-subdivision a. of this
21		subdivision to enrolled participants by a payment which is paid on a
22		periodic basis without regard to the date the health care services are
23		provided and which is fixed without regard to the frequency, extent,
24		or kind of health service actually provided; and provided.

1		c. Provides physicians' services primarily (i) directly through physicians
2		who are either employees or partners of such organizations, or (ii)
3		through arrangements with individual physicians or one or more
4		groups of physicians organized on a group practice or individual
5		practice basis.
6	(10a)	"Heart lung bypass machine" means the Heart-lung bypass machine The
7		equipment used to perform extra-corporeal circulation and oxygenation
8		during surgical procedures.
9	(11)	Repealed by Session Laws 1991, c. 692, s. 1.
10	(12)	"Home health agency" means a Home health agency. – A private organization
11		or public agency, whether owned or operated by one or more persons or legal
12		entities, which furnishes or offers to furnish home health services.
13	<u>(12a)</u>	"Home health services" means items Home health services Items and
14		services furnished to an individual by a home health agency, or by others
15		under arrangements with such others made by the agency, on a visiting basis,
16		and except for paragraph-sub-subdivision e. of this subdivision, in a place of
17		temporary or permanent residence used as the individual's home as follows:
18		a. Part-time or intermittent nursing care provided by or under the
19		supervision of a registered nurse; nurse.
20		b. Physical, occupational occupational, or speech therapy; therapy.
21		c. Medical social services, home health aid services, and other
22		therapeutic services; services.
23		d. Medical supplies, other than drugs and biologicals and the use of
24		medical appliances; appliances.

- Any of the foregoing items and services listed in this subdivision e. which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual in his at home, or which are furnished at such the facility while he the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.
 - "Hospital" means a Hospital. A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77 of the General Statutes, G.S. 131E-77, except long-term care hospitals.
 - "Hospice" means any Hospice. Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.

1	(13b)	"Hospice inpatient facility" means a Hospice inpatient facility. – A
2		freestanding licensed hospice facility or a designated inpatient unit in an
3		existing health service facility which provides palliative and supportive
4		medical and other health services to meet the physical, psychological, social,
5		spiritual, and special needs of terminally ill patients and their families in an
6		inpatient setting. For purposes of this Article only, a hospital which has a
7		contractual agreement with a licensed hospice to provide inpatient services to
8		a hospice patient as defined in G.S. 131E-201(4) and provides those services
9		in a licensed acute care bed is not a hospice inpatient facility and is not subject
10		to the requirements in G.S. 131E-176(5)(ii) sub-subdivision (5)b. of this
11		section for hospice inpatient beds.
12	(13c)	"Hospice residential care facility" means a Hospice residential care facility. —
13		A freestanding licensed hospice facility which provides palliative and
14		supportive medical and other health services to meet the physical,
15		psychological, social, spiritual, and special needs of terminally ill patients and
16		their families in a group residential setting.
17	(14)	Repealed by Session Laws 1987, c. 511, s. 1.
18	(14a)	"Intermediate care facility for the mentally retarded" means facilities
19		Intermediate care facility for individuals with intellectual disabilities
20		Facilities licensed pursuant to Article 2 of Chapter 122C of the General
21		Statutes for the purpose of providing health and habilitative services based on
22		the developmental model and principles of normalization for persons with
23		mental retardation, individuals with intellectual disabilities, autism, cerebral
24		palsy, epilepsy or related conditions.

(14b) Repealed by Session Laws 1991, c. 692, s. 1.

1	(14c)	Reserved for future codification.
2	(14d)	Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.
3	(14e)	"Kidney disease treatment center" means a Kidney disease treatment center. –
4		A facility that is certified as an end-stage renal disease facility by the Centers
5		for Medicare and Medicaid Services, Department of Health and Human
6		Services, pursuant to 42 C.F.R. § 405.
7	(14f)	"Legacy Medical Care Facility" means a-Legacy medical care facility. – A
8		facility that meets all of the following requirements:
9		
10	(14g)	"Linear accelerator" means a Linear accelerator. – A machine used to produce
11		ionizing radiation in excess of 1,000,000 electron volts in the form of a beam
12		of electrons or photons to treat cancer patients.
13	(14h)	Reserved for future codification.
14	(14i)	"Lithotriptor" means extra corporeal Lithotriptor. — Extra-corporeal shock
15		wave technology used to treat persons with kidney stones and gallstones.
16	(14j)	Reserved for future codification.
17	(14k)	"Long-term care hospital" means a Long-term care hospital. – A hospital that
18		has been classified and designated as a long-term care hospital by the Centers
19		for Medicare and Medicaid Services, Department of Health and Human
20		Services, pursuant to 42 C.F.R. § 412.
21	(14l)	Reserved for future codification.
22	(14m)	"Magnetic resonance imaging scanner" means medical Magnetic resonance
23		imaging scanner Medical imaging equipment that uses nuclear magnetic
24		resonance.

1	(14n)	"Main campus" means all Main campus. – All of the following for the
2		purposes of G.S. 131E-184(f) and (g) only:
3		
4	(140)	"Major medical equipment" means a Major medical equipment. – A single
5		unit or single system of components with related functions which is used to
6		provide medical and other health services and which costs more than seven
7		hundred fifty thousand dollars (\$750,000). In determining whether the major
8		medical equipment costs more than seven hundred fifty thousand dollars
9		(\$750,000), the costs of the equipment, studies, surveys, designs, plans,
10		working drawings, specifications, construction, installation, and other
11		activities essential to acquiring and making operational the major medical
12		equipment shall be included. The capital expenditure for the equipment shall
13		be deemed to be the fair market value of the equipment or the cost of the
14		equipment, whichever is greater. Major medical equipment does not include
15		replacement equipment as defined in this section.equipment.
16	(15)	Repealed by Session Laws 1987, c. 511, s. 1.
17	(15a)	"Multispecialty ambulatory surgical program" means a Multispecialty
18		ambulatory surgical program A formal program for providing on a
19		same-day basis surgical procedures for at least three of the following specialty
20		areas: gynecology, otolaryngology, plastic surgery, general surgery,
21		ophthalmology, orthopedic, or oral surgery.
22	(15b)	"Neonatal intensive care services" means those Neonatal intensive care
23		services Those services provided by a health service facility to high-risk
24		newborn infants who require constant nursing care, including but not limited
25		to continuous cardiopulmonary and other supportive care.

1	(16)	"New	institutional health services" means any New institutional health
2		servic	es. – Any of the following:
3			
4		c.	Any change in bed capacity as defined in G.S. 131E 176(5).capacity.
5			
6		f.	The development or offering of a health service as listed in this
7			subdivision by or on behalf of any person:
8			
9			2a. Cardiac catheterization services, except cardiac catheterization
10			services provided on equipment furnished by a person
11			authorized to operate such-the equipment in North Carolina
12			pursuant to either a certificate of need issued for mobile cardiac
13			catheterization equipment or a settlement agreement executed
14			by the Department for provision of cardiac catheterization
15			services.
16			
17		s.	The furnishing of mobile medical equipment to any person to provide
18			health services in North Carolina, which was not in use in North
19			Carolina prior to the adoption of this provision, if such the equipment
20			would otherwise be subject to review in accordance with
21			G.S. 131E-176(16)(f1.) sub-subdivision f1. of this subdivision or
22			G.S. 131E-176(16)(p) sub-subdivision p. of this subdivision if it had
23			been acquired in North Carolina.
24			

1	(17)	"North Carolina State Health Coordinating Council" means the North
2		<u>Carolina State Health Coordinating Council. – The Council that prepares, with</u>
3		the Department of Health and Human Services, the State Medical Facilities
4		Plan.
5	(17a)	"Nursing care" means: Nursing care. – Any of the following:
6		a. Skilled nursing care and related services for residents who require
7		medical or nursing eare; care.
8		b. Rehabilitation services for the rehabilitation of injured, disabled, or
9		sick persons; or individuals who are injured or sick or who have
10		disabilities.
11		c. Health-related care and services provided on a regular basis to
12		individuals who because of their mental or physical condition require
13		care and services above the level of room and board, which can be
14		made available to them only through institutional facilities.
15		These are services which are not primarily for the care and
16		treatment of mental diseases.
17	(17b)	"Nursing home facility" means a Nursing home facility. – A health service
18		facility whose bed complement of health service facility beds is composed
19		principally of nursing home facility beds.
20	(18)	To "offer," when used in Offer. – In connection with health services, means
21		that the the act by a person holds himself of holding out as capable of
22		providing, or as having the means for the provision of, to provide, specified
23		health services.
24	(18a)	Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice
25		offices December 31, 2005.

1	(18b)	"Open heart surgery services" means the Open-heart surgery services. – The
2		provision of surgical procedures that utilize a heart-lung bypass machine
3		during surgery to correct cardiac and coronary artery disease or defects.
4	(18c)	"Operating room" means a Operating room A room used for the
5		performance of surgical procedures requiring one or more incisions and that
6		is required to comply with all applicable licensure codes and standards for an
7		operating room.
8	(19)	"Person" means an Person. – An individual, individual; a trust or estate, estate;
9		a partnership, partnership; a corporation, including associations, joint stock
10		companies, and insurance companies; the State, State; or a political
11		subdivision or agency or instrumentality of the State.
12	(19a)	"Positron emission tomography scanner" means equipment Positron emission
13		tomography scanner Equipment that utilizes a computerized radiographic
14		technique that employs radioactive substances to examine the metabolic
15		activity of various body structures.
16	(20)	"Project" or "capital expenditure project" means a Project or capital
17		expenditure project A proposal to undertake a capital expenditure that
18		results in the offering of a new institutional health service as defined by this
19		Article. service. A project, or capital expenditure project, or proposed project
20		may refer to the project from its earliest planning stages up through the point
21		at which the specified new institutional health service may be offered. In the
22		case of facility construction, the point at which the new institutional health
23		service may be offered must take place after the facility is capable of being
24		fully licensed and operated for its intended use, and at that time it shall be
25		considered a health service facility.

1	(21)	"Psychiatric facility" means a Psychiatric facility. – A public or private facility
2		licensed pursuant to Article 2 of Chapter 122C of the General Statutes and
3		which is primarily engaged in providing to inpatients, by or under the
4		supervision of a physician, psychiatric services for the diagnosis and treatment
5		of mentally ill persons.individuals with mental illnesses.
6	(22)	"Rehabilitation facility" means a Rehabilitation facility. – A public or private
7		inpatient facility which is operated for the primary purpose of assisting in the
8		rehabilitation of disabled persons individuals with disabilities through an
9		integrated program of medical and other services which are provided under
10		competent, professional supervision.
11	(22a)	"Replacement equipment" means equipment Replacement equipment. —
12		Equipment that costs less than two million dollars (\$2,000,000) and is
13		purchased for the sole purpose of replacing comparable medical equipment
14		currently in use which will be sold or otherwise disposed of when replaced. In
15		determining whether the replacement equipment costs less than two million
16		dollars (\$2,000,000), the costs of equipment, studies, surveys, designs, plans,
17		working drawings, specifications, construction, installation, and other
18		activities essential to acquiring and making operational the replacement
19		equipment shall be included. The capital expenditure for the equipment shall
20		be deemed to be the fair market value of the equipment or the cost of the
21		equipment, whichever is greater.
22	(23)	Repealed by Session Laws 1991, c. 692, s. 1.
23	(24)	Repealed by Session Laws 1993, c. 7, s. 2.

1	(24a)	"Service area" means the Service area. – The area of the State, as defined in
2		the State Medical Facilities Plan or in rules adopted by the Department, which
3		receives services from a health service facility.
4	(24b)	"Simulator" means a Simulator A machine that produces high quality
5		diagnostic radiographs and precisely reproduces the geometric relationships
6		of megavoltage radiation therapy equipment to the patient.
7	(24c)	Reserved for future codification.
8	(24d)	"Solid organ transplantation services" means the Solid organ transplantation
9		<u>services. – The provision of surgical procedures and the interrelated medical</u>
10		services that accompany the surgery to remove an organ from a patient and
11		surgically implant an organ from a donor.
12	(24e)	Reserved for future codification.
13	(24f)	"Specialty ambulatory surgical program" means a Specialty ambulatory
14		surgical program A formal program for providing on a same-day basis
15		surgical procedures for only the specialty areas identified on the ambulatory
16		surgical facility's 1993 Application for Licensure as an Ambulatory Surgical
17		Center and authorized by its certificate of need.
18	(25)	"State Medical Facilities Plan" means the State Medical Facilities Plan. – The
19		plan prepared by the Department of Health and Human Services and the North
20		Carolina State Health Coordinating Council, and approved by the Governor.
21		In preparing the Plan, the Department and the State Health Coordinating
22		Council shall maintain a mailing list of persons who have requested notice of
23		public hearings regarding the Plan. Not less than 15 days prior to a scheduled
24		public hearing, the Department shall notify persons on its mailing list of the
25		date, time, and location of the hearing. The Department shall hold at least one

1	public hearing prior to the adoption of the proposed Plan and at least six public
2	hearings after the adoption of the proposed Plan by the State Health
3	Coordinating Council. The Council shall accept oral and written comments
4	from the public concerning the Plan.
5	(26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.
6	(27) Repealed by Session Laws 1987, c. 511, s. 1."
7 8 9 10 11 12 13 14 15	[Staff Note: Article 1 of Chapter 131E does not discuss licensing and has no parts. The parts of Article 6 of Chapter 131E are numbered, not lettered, and Part 4 discusses ambulatory surgical facility licensure. 1983, c. 1110, s. 1, added subdivision (5a) to G.S. 131E-176. Chapter 122 was later repealed by 1985, c. 589, s. 1. The definition of hospital in subdivision (13) matches federal Social Security Administration law. "Intermediate care for individuals with intellectual disabilities" matches the federal term.] SECTION 20. G.S. 131E-184 reads as rewritten:
16	"§ 131E-184. Exemptions from review.
17	(a) Except as provided in subsection (b), (b) of this section, the Department shall exempt
18	from certificate of need review a new institutional health service if it receives prior written notice
19	from the entity proposing the new institutional health service, which notice includes an
20	explanation of why the new institutional health service is required, for any of the following:
21	
22	(c) The Department shall exempt from certificate of need review any conversion of
23	existing acute care beds to psychiatric beds provided:provided all of the following are true:
24	(1) The hospital proposing the conversion has executed a contract with the
25	Department's Division of Mental Health, Developmental Disabilities, and
26	Substance Abuse Services and/or Services, one or more of the Area Mental
27	Health, Developmental Disabilities, and Substance Abuse Authorities area
28	mental health, developmental disabilities, and substance abuse authorities, or

1			a con	<u>nbination thereof</u> to provide psychiatric beds to patients referred by the
2			contra	acting agency or agencies; and agencies.
3		(2)	The t	otal number of beds to be converted shall not be more than twice the
4			numb	er of beds for which the contract pursuant to subdivision (1) of this
5			subse	ction shall provide.
6	•••			
7	(e)	The I	Departm	ent shall exempt from certificate of need review a capital expenditure
8	that excee	eds the t	two mil	lion dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all
9	of the foll	lowing	condition	ons are met:
10		(1)	The 1	proposed capital expenditure would: would meet all of the following
11			requi	rements:
12			a.	Be used solely for the purpose of renovating, replacing on the same
13				site, or expanding an existing: any of the following existing facilities:
14				1. Nursing home facility, facility.
15				2. Adult care home facility, or <u>facility.</u>
16				3. Intermediate care facility for the mentally retarded;
17				and individuals with intellectual disabilities.
18			b.	Not result in a change in bed capacity, as defined in G.S. 131E-176(5),
19				or the addition of a health service facility or any other new institutional
20				health service other than that allowed in G.S. 131E-176(16)b.
21				
22	(h)	The I	Departn	nent shall exempt from certificate of need review the acquisition or
23	reopening	g of a L	egacy l	Medical Care Facility. legacy medical care facility. The person seeking
24	to operate	e a Lega	icy Med	lical Care Facility legacy medical care facility shall give the Department
25	written no	otice of	all of th	ne following:

(1)	Its intention to acquire or reopen a Legacy Medical Care Facility legacy
	medical care facility within the same county and the same service area as the
	facility that ceased continuous operations. If the Legacy Medical Facility
	<u>legacy medical care facility</u> will become operational in a new location within
	the same county and the same service area as the facility that ceased
	continuous operations, then the person responsible for giving the written
	notice required by this section shall notify the Department, as soon as
	reasonably practicable and prior to becoming operational, of the new location
	of the Legacy Medical Care Facility. legacy medical care facility. For
	purposes of this subdivision, "service area" means the service area identified
	in the North Carolina State Medical Facilities Plan in effect at the time the
	written notice required by this section is given to the Department.

(2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility legacy medical care facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. legacy medical care facility. The written notice of extension must notify the Department (i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent, (ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and (iii) of its intention that the facility will be operational within 36 months of the notice of extension."

SECTION 21. G.S. 131E-186 reads as rewritten:

"§ 131E-186. Decision.

(a) Within	n the prescribed time limits in G.S. 131E-185, the Department shall issue a		
decision to "appro	ove," "approve with conditions," or "deny," an application for a new institutional		
health service. A	pprovals involving new or expanded nursing care or intermediate care for the		
mentally retarded	bed capacity bed capacity for nursing care or intermediate care for individuals		
with intellectual	disabilities shall include a condition that specifies the earliest possible date the		
new institutional	health service may be certified for participation in the Medicaid program. The		
date shall be set f	ar enough in advance to allow the Department to identify funds to pay for care		
in the new or exp	panded facility in its existing Medicaid budget or to include these funds in its		
State Medicaid b	udget request for the year in which Medicaid certification is expected.		
(b) Within	n five business days after it makes a decision on an application, the Department		
shall provide wri	tten notice of all the findings and conclusions upon which it based its decision,		
including the crit	eria used by the Department in making its decision, to the applicant."		
SECTION 22. G.S. 131E-214.1 reads as rewritten:			
"§ 131E-214.1. 1	Definitions.		
As used in thi	is Article: The following definitions apply in this Article:		
(1)	"Division" means the <u>Division</u> . – The <u>Division</u> of Health Service Regulation		
	of the Department of Health and Human Services.		
(2)	"Freestanding ambulatory surgical facility" means a Freestanding ambulatory		
	<u>surgical facility</u> . – A facility licensed under Part D Part 4 of Article 6 of this		
	Chapter.		
(3)	"Hospital" means a Hospital A facility licensed under Article 5 of this		
	Chapter or Article 2 of Chapter 122C of the General Statutes, but does not		
	include the following:		
	a. A facility with all of its beds designated for medical type "LTC"		
	(long-term care).		

1		b. A facility with the majority of its beds designated for medical type
2		"PSY-3" (mental retardation).(intellectual/developmental disability).
3		c. A facility operated by the Division of Adult Correction and Juvenile
4		Justice of the Department of Public Safety.
5	(4)	"Patient data" means data Patient data Data that includes a patient's age,
6		sex, race, ethnicity, zip code, third-party coverage, principal and other
7		diagnosis, diagnoses, date of admission, procedure and discharge date,
8		principal and other procedures, total charges and components of the total
9		charges, attending physician identification number, and hospital or
10		freestanding ambulatory surgical facility identification number.
11	(5)	"Patient identifying information" means the Patient identifying information. –
12		The name, address, social security number, or similar information by which
13		the identity of a patient can be determined with reasonable accuracy and speed
14		either directly or by reference to other publicly available information. The
15		term does not include a number assigned to a patient by a health care provider
16		if that number does not consist of or contain numbers, including social security
17		or drivers license numbers, that could be used to identify a patient with
18		reasonable accuracy and speed from sources external to the health care
19		provider.
20	(6)	"Statewide data processor" means a Statewide data processor. – A data
21		processor certified by the Division as capable of complying with the
22		requirements of G.S. 131E-214.4. The Division may deny, suspend, or revoke
23		a certificate, in accordance with Chapter 150B of the General Statutes, if the
24		statewide data processor does not comply with or is not capable of complying
25		with the requirements of G.S. 131E-214.4. The Division is authorized to may

1		promu	ılgate rı	ales concerning the receipt, consideration, and limitation of a
2		certifi	cate app	olied for or issued under this Article."
3 4	[Staff Note: The discusses ambulated		v	le 6 of Chapter 131E are numbered, not lettered, and Part 4 acility licensure.]
5 6	SECT	ION 2	3. G.S.	136-18 reads as rewritten:
7	"§ 136-18. Powe	rs of D	epartm	ent of Transportation.
8	The said Depa	artment	of Tran	sportation is vested with has the following powers:
9				
10	(2)	Relate	ed to rig	ht-of-way:
11				
12		c.	Subjec	et to the provisions of G.S. 136-19.5(a) and (b), to use existing
13			rights-	of-way, or locate and acquire such additional rights-of-way, as
14			may b	e necessary for the present or future relocation or initial location,
15			above	or below ground, of: of all of the following:
16			1.	Telephone, telegraph, distributed antenna systems (DAS),
17				broadband communications, electric and other lines, as well as
18				gas, water, sewerage, oil-oil, and other pipelines, to be operated
19				by public utilities as defined in G.S. 62-3(23) and which are
20				regulated under Chapter 62 of the General Statutes, or by
21				municipalities, counties, any entity created by one or more
22				political subdivisions for the purpose of supplying any such
23				utility services, electric membership corporations, telephone
24				membership corporations, or any combination thereof;
25				andthereof.
26			2.	Nonutility owned or operated communications or data
27				transmission infrastructure.

1	The Department retains full power to may widen, relocate, change
2	change, or alter the grade or location thereof, or alter the location or
3	configuration of such the lines or systems above or below ground. No
4	agreement for use of Department right-of-way under this
5	sub-subdivision shall abrogate the Department's ownership and
6	control of the right-of-way. The Department is authorized to may
7	adopt policies and rules necessary to implement the provisions of this
8	sub-subdivision.
9	d. To change or relocate any existing roads that the Department of
10	Transportation may now own or may acquire.owns or acquires.
11	
12	f. Provided, all changes or alterations authorized by this subdivision
13	shall be subject to the provisions of G.S. 136-54 to 136-63, to the
14	extent that said sections are applicable.
15	g. Provided, that nothing in this Chapter shall be construed to authorize
16	or permit the Department of Transportation to allow or pay anything
17	to any county, township, city or town, or to any board of
18	commissioners or governing body thereof, for any existing road or part
19	of any road heretofore constructed by any such county, township, city
20	or town, unless a contract has already been entered into with the
21	Department of Transportation.
22	All changes or alterations authorized by this subdivision are subject to
23	G.S. 136-54 to G.S. 136-63, to the extent that those sections are applicable.
24	Nothing in this Chapter authorizes the Department of Transportation to
25	allow or pay anything to any county, township, city, or town, or to any board

1		of commissioners or governing body thereof, for any existing road or part of
2		any road heretofore constructed by the county, township, city, or town, unless
3		a contract has already been entered into with the Department of
4		<u>Transportation.</u>
5	(3)	To provide for such road materials as may be necessary to carry on the work
6		of the Department of Transportation, either by gift, purchase, or
7		condemnation: Provided, that when condemnation. When any person, firm
8		firm, or corporation owning a deposit of sand, gravel gravel, or other material,
9		necessary, material necessary for the construction of the system of State
10		highways provided herein, has entered into a contract to furnish the
11		Department of Transportation any of such material, at a price to be fixed by
12		said the Department of Transportation, thereafter the Department of
13		Transportation shall have the right to may condemn the necessary
14		right-of-way under the provisions of Article 9 of Chapter 136, this Chapter, to
15		connect said-the deposit with any part of the system of State highways or
16		public carrier, provided that easements carrier. Easements to material
17		deposits, deposits condemned under this Article shall not become a public
18		road and the condemned easement shall be returned to the owner as soon as
19		the deposits are exhausted or abandoned by the Department of Transportation.
20		
21	(5)	To make rules, regulations regulations, and ordinances for the use of, and to
22		police traffic on, the State highways, and to prevent their abuse by individuals,
23		eorporations corporations, and public corporations, by trucks, tractors, trailers
24		trailers, or other heavy or destructive vehicles or machinery, or by any other
25		means whatsoever, and to provide ample means for the enforcement of same;

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and the the rules, regulations, and ordinances. The violation of any of the rules, regulations regulations, or ordinances so prescribed by the Department of Transportation shall constitute constitutes a Class 1 misdemeanor: Provided. no misdemeanor. rules, regulations or ordinances shall be made that will conflict The Department of Transportation shall not make a rule, regulation, or ordinance that conflicts with any statute now in force or any ordinance of incorporated cities or towns, except the Department of Transportation may regulate parking upon any street which forms a link in the State highway system, if said the street be is maintained with State highway funds.

. . .

(7)

To assume full and exclusive responsibility for the maintenance of all roads other than streets in towns and cities, forming a part of the State highway system from the date of acquiring said—the roads. The Department of Transportation shall have authority to may maintain all streets constructed by the Department of Transportation in towns of less than 3,000 population by the last census, and such other streets as may be constructed in towns and cities at the expense of the Department of Transportation, whenever in the opinion of the Department of Transportation it is necessary and proper so to do.

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To employ appropriate means for properly selecting, planting, and (9) protecting trees, shrubs, vines, grasses-grasses, or legumes in the highway right-of-way in the promotion of erosion control, landscaping landscaping, and general protection of said-the highways; to acquire by gift or otherwise land for and to construct, operate operate, and maintain roadside parks, picnic

1		areas, picnic tables, scenic overlooks overlooks, and other appropriate
2		turnouts for the safety and convenience of highway users; and to cooperate
3		with municipal or county authorities, federal agencies, civic bodies bodies,
4		and individuals in the furtherance of those objectives. None of the roadside
5		parks, picnic areas, picnic tables, scenic overlooks overlooks, or other
6		turnouts, or any part of the highway right-of-way shall be used for commercial
7		purposes except for any of the following:
8		a. Materials displayed in welcome centers in accordance with
9		G.S. 136-89.56.
10		b. Vending machines permitted by the Department of Transportation and
11		placed by the Division of Services for the Blind, Blind of the
12		Department of Health and Human Services, as the State licensing
13		agency designated pursuant to Section 2(a)(5) of the
14		Randolph-Sheppard Act (20 USC <u>U.S.C.</u> § 107a(a)(5)). The
15		Department of Transportation shall regulate the placing of the vending
16		machines in highway rest areas and shall regulate the articles to be
17		dispensed.
18		c. Activities permitted by a local government pursuant to an ordinance
19		meeting the requirements of G.S. 136-27.4.
20		Every other use or attempted use of any of these areas for commercial
21		purposes shall constitute constitutes a Class 1 misdemeanor, and each day's
22		use shall constitute constitutes a separate offense.
23	(10)	To make proper and reasonable rules, regulations regulations, and ordinances
24		for the placing or erection of telephone, telegraph, electric electric, and other
25		lines, above or below ground, wireless facilities, signboards, fences, gas,

water, sewerage, oil, or other pipelines, and other similar obstructions that may, in the opinion of the Department of Transportation, contribute to the hazard upon any of the said-highways or in any way interfere with the same, highways, and to make reasonable rules and regulations for the proper control thereof. And whenever the order of the said-Department of Transportation shall require the removal of, or changes in, the location of telephone, telegraph, electric electric, or other lines, wireless facilities, signboards, fences, gas, water, sewerage, oil, or other pipelines, or other similar obstructions, the owners thereof shall at their own expense, except as provided in G.S. 136-19.5(c), move or change the same them to conform to the order of said-the Department of Transportation. Any violation of such these rules and regulations or noncompliance with such these orders shall constitute constitutes a Class 1 misdemeanor. For purposes of this subdivision, "wireless facilities" shall have has the definition set forth in G.S. 160A-400.51.

(11) To regulate, abandon abandon, and close to use, use grade crossings on any road designated as part of the State highway system, and whenever a public highway has been designated as part of the State highway system and the Department of Transportation, in order to avoid a grade crossing or crossings with a railroad or railroads, continues or constructs the said-road on one side of the railroad or railroads, the Department of Transportation shall have power to-may abandon and close to use such the grade crossings; and whenever an underpass or overhead bridge is substituted for a grade crossing, the Department of Transportation shall have power to-may close to use and abandon such—the—grade crossing and any other crossing adjacent thereto:adjacent crossing.

(12)

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To comply fully with the provisions of the Intermodal Surface Transportation Efficiency Act of 1991, Pub. L. No. 102-240, 105 Stat. 1914 (1991), as amended, and all other federal aid acts and programs the Department is authorized to administer. The said-Department of Transportation is hereby authorized to may enter into all contracts and agreements with the United States government relating to survey, construction, improvement and maintenance of roads, urban area traffic operations studies studies, and improvement projects on the streets on the State highway system and on the municipal system in urban areas, under the provisions of the present or future congressional enactments, to submit such scheme or program of construction or improvement and maintenance as may be required by the Secretary of Transportation or otherwise provided by federal acts, and to do all other things acts necessary to carry out fully the cooperation contemplated and provided for by present or future aid acts of Congress for the construction or improvement and maintenance of federal aid of State highways. The good faith and credit of the State are further hereby-pledged to make available funds necessary to meet the requirements of the acts of Congress, present or future, appropriating money to construct and improve rural post roads and apportioned to this State during each of the years for which federal funds are now or may hereafter be apportioned by the said act or acts, to maintain the roads constructed or improved with the aid of funds so appropriated and to make adequate provisions for carrying out such the construction and maintenance. The good faith and credit of the State are further pledged to maintain such the roads now built with federal aid and hereafter to be built

The Department of Transportation shall have such powers as are necessary to

(12a)

and to make adequate provisions for carrying out such the maintenance. Upon request of the Department of Transportation and in order to enable it to meet the requirements of acts of Congress with respect to federal aid funds apportioned to the State of North Carolina, the State Treasurer is hereby authorized, may, with the approval of the Governor and Council of State, to issue short term notes from time to time, and in anticipation of State highway revenue, and to be payable out of State highway revenue for such sums as may be necessary to enable the Department of Transportation to meet the requirements of said the federal aid appropriations, but in no event shall the outstanding notes under the provisions of this section amount to more than two million dollars (\$2,000,000).

To establish, administer, and receive federal funds for a transportation infrastructure banking program as authorized by the Intermodal Surface Transportation Efficiency Act of 1991, Pub. L. 102-240, as amended, and the National Highway System Designation Act of 1995, Pub. L. 104-59, as amended. The Department of Transportation is authorized to may apply for, receive, administer, and comply with all conditions and requirements related to federal financial assistance necessary to fund the infrastructure banking program. The infrastructure banking program established by the Department of Transportation may utilize federal and available State funds for the purpose of providing loans or other financial assistance to governmental units, including toll authorities, to finance the costs of transportation projects authorized by the above-federal aid acts. acts referenced in this subdivision.

Such loans or other financial assistance shall be subject to repayment and

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conditioned upon the establishment of such security and the payment of such fees and interest rates as the Department of Transportation may deem necessary. The Department of Transportation is authorized to may apply a municipality's share of funds allocated under G.S. 136-41.1 or G.S. 136-44.20 as necessary to ensure repayment of funds advanced under the infrastructure banking program. The Department of Transportation shall establish jointly, with the State Treasurer, a separate infrastructure banking account with necessary fiscal controls and accounting procedures. Funds credited to this account shall not revert, and interest and other investment income shall accrue to the account and may be used to provide loans and other financial assistance as provided under this subdivision. The Department of Transportation may establish such rules and policies as are necessary to establish and administer the infrastructure banking program. The infrastructure banking program authorized under this subdivision shall not modify the formula for the distribution of funds established by G.S. 136-189.11. Governmental units may apply for loans and execute debt instruments payable to the State in order to obtain loans or other financial assistance provided for in this subdivision. The Department of Transportation shall require that applicants shall pledge as security for such the obligations revenues derived from operation of the benefited facilities or systems, other sources of revenue, or their faith and credit, or any combination thereof. The faith and credit of such the governmental units shall not be pledged or be deemed to have been pledged unless the requirements of Article 4, Article 4 of Chapter 159 of the General Statutes have been met. The State Treasurer, with the assistance of the Local Government Commission, shall develop and adopt appropriate debt

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Commission shall develop and adopt appropriate procedures for the delivery of debt instruments to the State without any public bidding therefor. The Local Government Commission shall review and approve proposed loans to applicants pursuant to this subdivision under the provisions of Articles 4 and 5, Articles 4 and 5 of Chapter 159 of the General Statutes, as if the issuance of bonds was proposed, so far as those provisions are applicable. Loans authorized by this subdivision shall be are outstanding debt for the purpose of Article 10, Article 10 of Chapter 159 of the General Statutes.

(12b) To issue "GARVEE" bonds (Grant Anticipation Revenue Vehicles) or other eligible debt-financing instruments to finance federal-aid highway projects using federal funds to pay a portion of principal, interest, and related bond issuance costs, as authorized by 23 U.S.C. § 122, as amended (the National Highway System Designation Act of 1995, Pub. L. 104-59). These bonds shall be issued by the State Treasurer on behalf of the Department and shall be issued pursuant to an order adopted by the Council of State under G.S. 159-88. The State Treasurer shall develop and adopt appropriate debt instruments. consistent with the terms of the State and Local Government Revenue Bond Act, Article 5 of Chapter 159 of the General Statutes, for use under this subdivision. Prior to issuance of any "GARVEE" or other eligible debt instrument using federal funds to pay a portion of principal, interest, and related bond issuance costs, the State Treasurer shall determine (i) that the total outstanding principal of such the debt does not exceed the total amount of federal transportation funds authorized to the State in the prior federal fiscal year; or (ii) that the maximum annual principal and interest of such the debt

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does not exceed fifteen percent (15%) of the expected average annual federal revenue shown for the period in the most recently adopted Transportation Improvement Program. Notes issued under the provisions of this subdivision may shall not be deemed to constitute a debt or liability of the State or of any political subdivision thereof, or a pledge of the full faith and credit of the State or of any political subdivision thereof, but shall be payable solely from the funds and revenues pledged therefor. All the notes shall contain on their face a statement to the effect that the State of North Carolina shall not be is not obligated to pay the principal or the interest on the notes, except from the federal transportation fund revenues as shall be provided by the documents governing the revenue note issuance, and that neither the faith and credit nor the taxing power of the State of North Carolina or of any of its political subdivisions is pledged to the payment of the principal or interest on the notes. The issuance of notes under this Part shall-does not directly or indirectly or contingently obligate the State or any of its political subdivisions to levy or to pledge any form of taxation whatever or to make any appropriation for their payment. The Department of Transportation may To construct and maintain all walkways and driveways within the Mansion Square in the City of Raleigh and the Western Residence of the Governor in the City of Asheville including

- (13)the approaches connecting with the city streets, and any funds expended therefor shall be a charge against general maintenance.
- (14)The Department of Transportation shall have authority to To provide roads for the connection of airports in the State with the public highway system, and

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to mark	the	highways	and	erect	signals	along	the	same highway	<u>s</u> for	the
guidance	e and	d protection	of a	aircraf	t.					

- (15) The Department of Transportation shall have authority to To provide facilities for the use of waterborne traffic and recreational uses by establishing connections between the highway system and the navigable and nonnavigable waters of the State by means of connecting roads and piers. Such The facilities for recreational purposes shall be funded from funds available for safety or enhancement purposes.
 - The Department of Transportation, pursuant Pursuant to a resolution of the Board of Transportation, shall have authority, under the power of eminent domain and under the same procedure as provided for the acquirement of rights-of-way, to acquire title in fee simple to parcels of land for the purpose of exchanging the same-parcels of land for other real property to be used for the establishment of rights-of-way or for the widening of existing rights-of-way or the clearing of obstructions that, in the opinion of the Department of Transportation, constitute dangerous hazards at intersections. Real property may be acquired for such these purposes only when the owner of the property needed by the Department of Transportation has agreed in writing to accept the property so acquired in exchange for that to be used by the Department of Transportation, and when, in the opinion of the Department of Transportation, an economy in the expenditure of public funds and the improvement and convenience and safety of the highway can be effected thereby.
- (17) The Department of Transportation is hereby authorized and required to shall maintain and keep in repair, sufficient to accommodate the public school

buses, roads leading from the state-maintained State-maintained public roads to all public schools and public school buildings to which children are transported on public school buses to and from their homes. Said—The Department of Transportation is further authorized to may construct, pave, and maintain school bus driveways and sufficient parking facilities for the school buses at those schools. The Department of Transportation is further authorized to may construct, pave, and maintain all other driveways and entrances to the public schools leading from public roads not required in the preceding portion of this subdivision.

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- (19) To prohibit the erection of any informational, regulatory, or warning signs within the right-of-way of any highway project built within the corporate limits of any municipality in the State where the funds for such—the construction are derived in whole or in part from federal appropriations expended by the Department of Transportation, unless such—the signs have first been approved by the Department of Transportation.
- (20) The Department of Transportation is hereby authorized to To maintain and keep in repair a suitable way of ingress and egress to all public or church cemeteries or burial grounds in the State notwithstanding the fact that said-the road is not a part of the state maintained State-maintained system of roads. For the purpose of this subdivision a public or church cemetery or burial ground shall be is defined as a cemetery or burial ground in which there are buried or permitted to be buried deceased persons of the community in which said-the cemetery or burial ground is located, but shall does not mean a privately owned cemetery operated for profit or family burial plots.

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- remove all dead animals from the traveled portion and rights-of-way of all primary and secondary roads and to dispose of such-the animals by burial or otherwise. In cases where there is evidence of ownership upon the body of any dead dog, the Department of Transportation shall take reasonable steps to notify the owner thereof by mail or other means.
- (22)No airport or aircraft landing area shall be constructed or altered where such the construction or alteration when undertaken or completed may reasonably affect motor vehicle operation and safety on adjoining public roads except in accordance with a written permit from the Department of Transportation or its duly authorized officers. The Department of Transportation is authorized and empowered to may regulate airport and aircraft landing area construction and alteration in order to preserve safe clearances between highways and airways and the Department of Transportation is authorized and empowered to may make rules, regulations, and ordinances for the preservation of safe clearances between highways and airways. The Department of Transportation shall be is responsible for determining safe clearances and shall fix standards for said this determination which shall not exceed the standards adopted for similar purposes by the United States Bureau of Public Roads under the Federal Aid Highway Act of 1958. Any person, firm, eorporation corporation, or airport authority constructing or altering an airport or aircraft landing area without obtaining a written permit as herein provided, provided in this subdivision, or not in compliance with the terms of such the permit, or violating the provisions of the rules, regulations regulations, or ordinances promulgated under the authority of this section shall be is guilty of a Class 1 misdemeanor; provided,

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that this <u>misdemeanor</u>. This subdivision shall <u>does</u> not apply to publicly owned and operated airports and aircraft landing areas receiving federal funds and subject to regulation by the Federal Aviation Authority.

- When in the opinion of the Department of Transportation an economy in the expenditure of public funds can be effected thereby, the Department of Transportation shall have authority to may enter into agreements with adjoining states regarding the planning, location, engineering, right-of-way acquisition acquisition, and construction of roads and bridges connecting the North Carolina State highway system with public roads in adjoining states, and the Department of Transportation shall have authority to may do planning, surveying, locating, engineering, right-of-way acquisition acquisition, and construction on short segments of roads and bridges in adjoining states with the cost of said the work to be reimbursed by the adjoining state, and may also enter into agreements with adjoining states providing for the performance of and reimbursement to the adjoining state of the cost of such the work done within the this State of North Carolina by the adjoining state: Provided, that the state. The Department of Transportation shall retain the right to approve any contract for work to be done in this State by an adjoining state for which the adjoining state is to be reimbursed.
- (24) The Department of Transportation is further authorized to To pave driveways leading from state maintained State-maintained roads to rural fire district firehouses which are approved by the North Carolina Fire Insurance Rating Bureau and to facilities of rescue squads furnishing ambulance services which are approved by the North Carolina State Association of Rescue Squads, Inc.

1 The Department of Transportation is hereby authorized and directed to shall (25)2 design, construct, repair, and maintain paved streets and roads upon the 3 campus of each of the State's institutions of higher education, at state-owned 4 State-owned hospitals for the treatment of tuberculosis, state-owned 5 State-owned orthopedic hospitals, juvenile correction centers, mental health hospitals and retarded centers, developmental centers, schools for the deaf, 6 7 and schools for the blind, when such construction, maintenance, or repairs 8 have been authorized by the General Assembly in the appropriations bills 9 enacted by the General Assembly. Cost for such the construction, 10 maintenance, and repairs shall be borne by the Highway Fund. Upon the 11 General Assembly authorizing the construction, repair, or maintenance of a 12 paved road or drive upon any of the above-mentioned institutions, institutions 13 listed in this subdivision, the Department of Transportation shall give such the 14 project priority to insure ensure that it shall be accomplished as soon as 15 feasible, at the minimum cost to the State, and in any event during the 16 biennium for which the authorization shall have has been given by the General 17 Assembly. 18 The Department of Transportation, at the request of a representative from a (26)19 board of county commissioners, is hereby authorized to may acquire by 20 condemnation new or additional right-of-way to construct, pave pave, or 21 otherwise improve a designated State-maintained secondary road upon 22 presentation by said the board to the Department of Transportation of a duly 23 verified copy of the minutes of its meeting showing approval of such-the 24 request by a majority of its members and by the further presentation of a 25 petition requesting such the improvement executed by the abutting owners

1		whose frontage on said the secondary road shall equal or exceed equals or
2		exceeds seventy-five percent (75%) of the linear front footage along the
3		secondary road sought to be improved. This subdivision shall not be construed
4		to does not limit the authority of the Department of Transportation to exercise
5		the power of eminent domain.
6	(27)	The Department of Transportation is authorized to To establish policies and
7		promulgate rules providing for voluntary local government, property owner
8		owner, or highway user participation in the costs of maintenance or
9		improvement of roads which would not otherwise be necessary or would not
10		otherwise be performed by the Department of Transportation and which will
11		result in a benefit to the property owner or highway user. By way of
12		illustration and not as a limitation, such these costs include those incurred in
13		connection with drainage improvements or maintenance, driveway
14		connections, dust control on unpaved roads, surfacing or paving of roads and
15		the acquisition of rights-of-way. Local government, property owner owner,
16		and highway user participation can be in the form of materials, money, or land
17		(for right-of-way) as deemed appropriate by the Department of
18		Transportation. The authority of this section shall not be used to authorize,
19		construct construct, or maintain toll roads or bridges.
20	(28)	The Department of Transportation may To obtain land, either by gift, lease
21		lease, or purchase purchase, which shall be used for the construction and
22		maintenance of ridesharing parking lots. The Department may design,
23		construct, repair, and maintain ridesharing parking facilities.
24	(29)	The Department of Transportation may To establish policies and adopt rules
25		about the size, location, direction of traffic flow, and the construction of

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driveway connections into any street or highway which is a part of the State Highway System. The Department of Transportation may require the construction and public dedication of acceleration and deceleration lanes, and traffic storage lanes and medians by others for the driveway connections into any United States route, or North Carolina route, and on any secondary road route with an average daily traffic volume of 4,000 vehicles per day or more. To coordinate with all public and private entities planning schools to provide written recommendations and evaluations of driveway access and traffic operational and safety impacts on the State highway system resulting from the development of the proposed sites. All public and private entities shall, upon acquiring land for a new school or prior to beginning construction of a new school, relocating a school, or expanding an existing school, request from the Department a written evaluation and written recommendations to ensure that all proposed access points comply with the criteria in the current North Carolina Department of Transportation "Policy on Street and Driveway Access". Access." The Department shall provide the written evaluation and recommendations within a reasonable time, which shall not exceed 60 days. This subdivision applies to improvements that are not located on the school property. The Department shall have has the power to grant final approval of any project design under this subdivision. To facilitate completion of the evaluation and recommendations within the required 60 days, in lieu of the evaluation by the Department, schools may engage an independent traffic engineer prequalified by the Department. The resulting evaluation and recommendations from the independent traffic engineer shall also fulfill any similar requirements imposed by a unit of local government. This subdivision

1	shall not be construed to does not require the public or private entities planning
2	schools to meet the recommendations made by the Department or the
3	independent traffic engineer, except those highway improvements that are
4	required for safe ingress and egress to the State highway system, pursuant to
5	subdivision (29) of this section, and that are physically connected to a
6	driveway on the school property. The total cost of any improvements to the
7	State highway system provided by a school pursuant to this subdivision,
8	including those improvements pursuant to subdivision (29) of this section,
9	shall be reimbursed by the Department. Any agreement between a school and
10	the Department to make improvements to the State highway system shall not
11	include a requirement for acquisition of right-of-way by the school, unless the
12	school is owned by an entity that has eminent domain power. Nothing in this
13	subdivision shall preclude precludes the Department from entering into an
14	agreement with the school whereby the school installs the agreed upon
15	improvements and the Department provides full reimbursement for the
16	associated costs incurred by the school, including design fees and any costs of
17	right-of-way or easements. The term "school," as used in this subdivision,
18	means any facility engaged in the educational instruction of children in any
19	grade or combination of grades from kindergarten through the twelfth grade
20	at which attendance satisfies the compulsory attendance law and includes
21	charter schools authorized under G.S. 115C-218.5. The term "improvements,"
22	as used in this subdivision, refers to all facilities within the right-of-way
23	required to be installed to satisfy the road cross-section requirements depicted
24	upon the approved plans. These facilities shall-include roadway construction,
25	including pavement installation and medians; ditches and shoulders; storm

1		drainage pipes, culverts, and related appurtenances; and, where required, curb
2		and gutter; signals, including pedestrian safety signals; street lights;
3		sidewalks; and design fees. Improvements shall-do not include any costs for
4		public utilities.
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6	(30)	Consistent with G.S. 130A-309.14(a1), the Department of Transportation
7		shall review and revise its bid procedures and specifications set forth in
8		Chapter 136 of the General Statutes this Chapter to encourage the purchase or
9		use of reusable, refillable, repairable, more durable, and less toxic supplies
10		and products. The Department of Transportation shall require the purchase or
11		use of such-these supplies and products in the construction and maintenance
12		of highways and bridges to the extent that the use is practicable and
13		cost-effective. The Department shall prepare an annual report on October 1 of
14		each year to the Environmental Review Commission as required under
15		G.S. 130A-309.14(a1).
16	(31)	The Department of Transportation is authorized to To designate portions of
17		highways as scenic highways, and combinations of portions of highways as
18		scenic byways, for portions of those highways that possess unusual,
19		exceptional, or distinctive scenic, recreational, historical, educational,
20		scientific, geological, natural, wildlife, eultural-cultural, or ethnic features.
21		The Department shall remove, upon application, from any existing or future
22		scenic highway or scenic byway designation, highway sections that: that meet
23		all of the following:
24		a. Have no scenic value, value.

1		b. Have been designated or would be so designated solely to preserve
2		system continuity, and continuity.
3		c. Are adjacent to property on which is located one or more permanent
4		structures devoted to a commercial or industrial activity and on which
5		a commercial or industrial activity is actually conducted, in an
6		unzoned area or an area zoned commercial or industrial pursuant to a
7		State or local zoning ordinance or regulation, except for commercial
8		activity related to tourism or recreation.
9		The Department shall adopt rules and regulations setting forth the criteria
10		and procedures for the designation of scenic highways and scenic byways
11		under this subsection.subdivision.
12		Those portions of highways designated as scenic by the Department prior
13		to July 1, 1993, are considered to be designated as scenic highways and scenic
14		byways under this subsection subdivision, but the Department shall remove
15		from this designation portions of those highway sections that meet the criteria
16		set forth in this subsection, subdivision, if requested.
17	(32)	The Department of Transportation may To perform dredging services, on a
18		cost reimbursement basis, for a unit of local government if the unit cannot
19		obtain the services from a private company at a reasonable cost. A unit of local
20		government is considered to be unable to obtain dredging services at a
21		reasonable cost if it solicits bids for the dredging services in accordance with
22		Article 8 of Chapter 143 of the General Statutes and does not receive a bid,
23		considered by the Department of Transportation Engineering Staff, to be
24		reasonable.

1	(33)	The Department of Transportation is empowered and directed, shall, from
2		time to time, to-carefully examine into and inspect the condition of each
3		railroad, its equipment and facilities, in regard to the safety and convenience
4		of the public and the railroad employees. If the Department finds any
5		equipment or facilities to be unsafe, it shall at once notify the railroad
6		company and require the company to repair the equipment or facilities.
7	(34)	The Department of Transportation may To conduct, in a manner consistent
8		with federal law, a program of accident prevention and public safety covering
9		all railroads and may to investigate the cause of any railroad accident. In order
10		to facilitate this program, any railroad involved in an accident that must be
11		reported to the Federal Railroad Administration shall also notify the
12		Department of Transportation of the occurrence of the accident.
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14	(36)	The Department shall have has the following powers related to fixed guideway
15		public transportation system safety:
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17		c. The Department may To conduct, in a manner consistent with federal
18		law, a program of accident prevention and public safety covering all
19		rail fixed guideway public transportation systems and may to
20		investigate the cause of any rail fixed guideway public transportation
21		system accident. In order to facilitate this program, any rail fixed
22		guideway public transportation system involved in an accident
23		meeting the reporting thresholds defined by the Department shall
24		report the accident to the Department.
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g.	The Department shall not receive funding for the activities authorized
	by sub-subdivisions a. through f. of this subdivision from any rail fixed
	guideway public transportation systems subject to the Department's
	authority pursuant to the provisions of sub-subdivisions a. through f.
	of this subdivision.

To permit use of and encroachment upon the right-of-way of a State highway (37)or road for the purpose of construction and maintenance of a bridge owned by a private or public entity, if the bridge shall-does not unreasonably interfere with or obstruct the public use of the right-of-way. Any agreement for an encroachment authorized by this subdivision shall be approved by the Board of Transportation, upon a finding that the encroachment is necessary and appropriate, in the sole discretion of the Board. Locations, plans, and specifications for any pedestrian or vehicular bridge authorized by the Board for construction pursuant to this subdivision shall be approved by the Department of Transportation. For any bridge subject to this subdivision, the Department shall retain the right to reject any plans, specifications, or materials used or proposed to be used, inspect and approve all materials to be used, inspect the construction, maintenance, or repair, and require the replacement, reconstruction, repair, or demolition of any partially or wholly completed bridge that, in the sole discretion of the Department, is unsafe or substandard in design or construction. An encroachment agreement authorized by this subdivision may include a requirement to purchase and maintain liability insurance in an amount determined by the Department of Transportation. The Department shall ensure that any bridge constructed pursuant to this subdivision is regularly inspected for safety. The owner shall have the bridge inspected every two years by a qualified private engineering firm based on National Bridge Inspection Standards and shall provide the Department copies of the Bridge Inspection Reports bridge inspection reports where they shall be kept on file. Any bridge authorized and constructed pursuant to this subdivision shall be is subject to all other rules and conditions of the Department of Transportation for encroachments.

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To enter into partnership agreements with private entities, and authorized political subdivisions to finance, by tolls, contracts, and other financing methods authorized by law, the cost of acquiring, constructing, equipping, maintaining, and operating transportation infrastructure in this State, and to plan, design, develop, acquire, construct, equip, maintain, and operate transportation infrastructure in this State. An agreement entered into under this subdivision requires the concurrence of the Board of Transportation. The Department shall report to the Chairs of the Joint Legislative Transportation Oversight Committee, the Chairs of the House of Representatives Appropriations Subcommittee-Committee on Transportation, and the Chairs of the Senate Appropriations Committee on the Department of Transportation, at the same time it notifies the Board of Transportation of any proposed agreement under this subdivision. No contract for transportation infrastructure subject to such an agreement under this subdivision that commits the Department to make nonretainage payments for undisputed capital costs of a completed transportation infrastructure to be made later than 18 months after final acceptance by the Department of such the transportation infrastructure shall be executed without approval of the Local Government Commission.

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1		Any co	ontracts for construction of highways, roads, streets, and bridges which
2		are aw	rarded pursuant to an agreement entered into under this section shall
3		comply	y with the competitive bidding requirements of Article 2 of this Chapter.
4	(39a)	a.	The Department of Transportation or Turnpike Authority, as
5			applicable, may enter into up to three agreements with a private entity
6			as provided under subdivision (39) of this section for which the
7			provisions of this section apply.
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9		c.	Notwithstanding the provisions of G.S. 143B-426.40A, an agreement
10			entered into under this subdivision may allow the private entity to
11			assign, transfer, sell, hypothecate, and otherwise convey some or all of
12			its right, title, and interest in and to such the agreement, and any rights
13			and remedies thereunder, to a lender, bondholder, or any other party.
14			However, in no event shall any such assignment create additional debt
15			or debt-like obligations of the State of North Carolina, the Department,
16			or any other agency, authority, commission, or similar subdivision of
17			the State to any lender, bondholder, entity purchasing a participation
18			in the right to receive the payment, trustee, trust, or any other party
19			providing financing or funding of projects described in this section.
20			The foregoing shall This sub-subdivision does not preclude the
21			Department from making any payments due and owing pursuant to an
22			agreement entered into under this section.
23		d.	Article 6H of Chapter 136 of the General Statutes shall apply this
24			<u>Chapter applies</u> to the Department of Transportation and to projects

undertaken by the Department of Transportation under subdivision

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(39) of this section. The Department may assign its authority under that Article to fix, revise, charge, retain, enforce, and collect tolls and fees to the private entity.

fees to the private entity. Any contract under this subdivision or under Article 6H of this Chapter e. for the development, construction, maintenance, or operation of a project shall provide for revenue sharing, if applicable, between the private party and the Department, and revenues derived from such the project may be used as set forth in G.S. 136-89.188(a), notwithstanding the provisions of G.S. 136-89.188(d). Excess toll revenues from a Turnpike project Project shall be used for the funding or financing of transportation projects within the corridor where the Turnpike Project is located. For purposes of this subdivision, the term "excess toll revenues" means those toll revenues derived from a Turnpike Project that are not otherwise used or allocated to the Authority or a private entity pursuant to this subdivision, notwithstanding the provisions of G.S. 136-89.188(d). For purposes of this subdivision, the term "corridor" means (i) the right-of-way limits of the Turnpike Project and any facilities related to the Turnpike Project or any facility or improvement necessary for the use, design, construction. operation, maintenance, repair, rehabilitation. reconstruction, or financing of a Turnpike Project; (ii) the right-of-way limits of any subsequent improvements, additions, or extension to the Turnpike Project and facilities related to the Turnpike projects, including any improvements necessary for the use, design, operation, rehabilitation, construction, maintenance, repair,

1	r	econstruction, or financing of those subsequent improvements,
2	8	dditions, or extensions to the Turnpike Project; and (iii) roads used
3	f	or ingress or egress to the toll facility or roads that intersect with the
4	t	oll facility, whether by ramps or separated grade facility, and located
5	V	vithin one mile in any direction.
6	f.	Agreements entered into under this subdivision shall comply with the
7	f	ollowing additional provisions:
8	1	. The Department shall solicit proposals for agreements.
9	2	Agreement The agreement shall be limited to no more than 50
10		years from the date of the beginning of operations on the toll
11		facility.
12		••
13	2	Financial advisors and attorneys retained by the Department on
14		contract to work on projects pursuant to this subsection shall
15		be are subject to State law governing conflicts of interest.
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17	(43) For the	purposes of financing an agreement under subdivision (39a) of this
18	section,	the Department of Transportation may act as a conduit issuer for
19	private	activity bonds to the extent the bonds do not constitute a debt
20	obligation	on of the State. The issuance of private activity bonds under this
21	subdivis	ion and any related actions shall be is governed by The the State and
22	Local G	overnment Revenue Bond Act, Article 5 of Chapter 159 of the General
23	Statutes	with G.S. 159-88 satisfied by adherence to the requirements of
24	subdivis	ion (39a) of this section.

1	(44)	The Department is authorized to To contract for sponsorship arrangements for
2		Department operations and may solicit contracts for such these arrangements
3		pursuant to Article 2 of this Chapter. All amounts collected and all savings
4		realized as a result of these sponsorship arrangements shall be used by the
5		Department toward funding of maintenance activities.

6"

SECTION 24. G.S. 143-64.02 reads as rewritten:

"§ 143-64.02. Definitions.

(2)

- As used in Part 1 of this Article, except where the context clearly requires otherwise: The following definitions apply in Part 1 of this Article:
 - (1) "Agency" means an Agency. An existing department, institution, commission, committee, board, division, or bureau of the State.
 - "Nonprofit tax exempt organizations" means the Nonprofit tax exempt organizations. The following entities certified by the Internal Revenue Service as tax-exempt nonprofit organizations under section Section 501(c)(3) of the United States Internal Revenue Code of 1954: medical institutions, hospitals, clinics, health centers, school systems, schools, colleges, universities, schools for the mentally retarded, individuals with intellectual or developmental disabilities, schools for the physically handicapped, individuals with physical disabilities, radio and television stations licensed by the Federal Communications Commission as educational radio or educational television stations, public libraries, civil defense organizations, and nonprofit entities that are qualified under rules adopted by the State Surplus Property Agency of the Department of Administration to refurbish computers and donate them to low-income students or households throughout the State.

1		(3)	"Recyclable material" means a Recyclable material. – A recyclable material,
2			as defined in G.S. 130A-290, that the Secretary of Administration determines,
3			consistent with G.S. 130A-309.14, to be a recyclable material.
4		(4)	"State owned" means supplies, State owned Supplies, materials, and
5			equipment in the possession of the State of North Carolina and purchased with
6			State funds, personal property donated to the State, or personal property
7			purchased with other funds that give ownership to the State.
8		(5)	"Surplus property" means personal Surplus property. — Personal property that
9			is no longer needed by a State agency."
10		SEC	CTION 25. G.S. 143-64.2 reads as rewritten:
11	"§ 143-64	1.2. A	uthority and duties of the State agency for federal surplus property.
12	(a)	The	State agency for federal surplus property is hereby authorized and
13	empower	ed may	do all of the following:
14		(1)	To acquire Acquire from the United States of America such property,
15			including equipment, materials, books, or other supplies under the control of
16			any department or agency of the United States of America as may be usable
17			and necessary for educational purposes, public health purposes, or civil
18			defense purposes, including research; research.
19		(2)	To warehouse such property; and Warehouse the property.
20		(3)	To distribute such Distribute the property to tax-supported or nonprofit and
21			tax-exempt (under section_Section_501(c)(3) of the United States Internal
22			Revenue Code of 1954) medical institutions, hospitals, clinics, health centers,
23			school systems, schools, colleges, universities, schools for the mentally
24			retarded, individuals with intellectual or developmental disabilities, schools
25			for the physically handicapped, individuals with physical disabilities, radio

1	and television stations licensed by the Federal Communications Commission		
2	as educational radio or educational television stations, public libraries, civil		
3	defense organizations, and such other eligible donees within the State as are		
4	permitted to receive surplus property of the United States of America under		
5	the Federal Property and Administrative Services Act of 1949, as amended.		
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7	(d) The State agency for surplus property is authorized and empowered to may take such		
8	action, make such expenditures and enter into such contracts, agreements agreements, and		
9	undertakings for and in the name of the State, require such reports and make such investigations		
10	as may be required by law or regulation of the United States of America in connection with the		
11	receipt, warehousing, and distribution of property received by the State agency for federal surplus		
12	property from the United States of America.		
13	(e) The State agency for federal surplus property is authorized and empowered to may		
14	act as <u>a</u> clearinghouse of information for the public and private nonprofit institutions and agencies		
15	referred to in subsection (a) of this section, to may locate property available for acquisition from		
16	the United States of America, to-may ascertain the terms and conditions under which such the		
17	property may be obtained, to-may receive requests from the above-mentioned-institutions and		
18	agencies and to-may transmit to them all available information in reference to such-the property,		
19	and to-may aid and assist such-the institutions and agencies in every way possible in the		
20	consummation or acquisition or transactions hereunder. transactions for the acquisition of federal		
21	surplus property.		
22	"		
23 24 25 26	[Staff Note: This draft replaces "the consummation or acquisition or transactions hereunder with "transactions for the acquisition of federal surplus property" to mirror comparable language in G.S. 143-64.03(b).]		
27	SECTION 26. G.S. 143-117 reads as rewritten:		

"§ 143-117. Institutions included.

All persons a	dmitted to the following institutions operated by the Department of Health and				
Human Services are required to pay the actual cost of their care, treatment, training training, and					
maintenance at t	maintenance at these institutions: regional psychiatric hospitals, special care centers, regional				
mental retardation	on centers, regional developmental centers, schools for emotionally disturbed				
children, childre	n with serious emotional disturbances, and alcohol and drug abuse treatment				
centers."					
SECTION 27. G.S. 143-117.1 reads as rewritten:					
"§ 143-117.1. D	efinitions.				
As used in this Article, the following terms have the meaning specified unless the content					
clearly implies of	therwise: The following definitions apply in this Article:				
(1)	"Care" means care, Care. – Care, treatment, training, maintenance, habilitation				
	habilitation, and rehabilitation of a person admitted to institutions covered by				
	this Article.				
(2)	"Department" means the Department. – The Department of Health and Human				
	Services.				
(3)	"Persons admitted" means clients Persons admitted Clients of regional				
	psychiatric hospitals, State special care centers, regional mental retardation				
	centers, regional developmental centers, schools for emotionally disturbed				
	children, children with serious emotional disturbances, and alcohol and drug				
	abuse treatment centers, including clients who may be treated on an outpatient				
	basis.				
(4)	"Secretary" means the Secretary The Secretary of Health and Human				
	Services."				

SECTION 28. G.S. 148-19 reads as rewritten:

"§ 148-19. Health services.

- (a) The general policies, rules rules, and regulations of the Division of Adult Correction and Juvenile Justice of the Department of Public Safety shall prescribe standards for health services to prisoners, which shall include preventive, diagnostic, and therapeutic measures on both an outpatient and a hospital basis, for all types of patients. A prisoner may be taken, when necessary, to a medical facility outside the State prison system. The Division of Adult Correction and Juvenile Justice of the Department of Public Safety shall seek the cooperation of public and private agencies, institutions, officials officials, and individuals in the development of adequate health services to prisoners.
- (b) Upon request of the Secretary of Public Safety, the Secretary of Health and Human Services may detail personnel employed by the Department of Health and Human Services to the Division of Adult Correction and Juvenile Justice of the Department of Public Safety for the purpose of supervising and furnishing medical, psychiatric, psychological, dental, and other technical and scientific services to the Division of Adult Correction and Juvenile Justice of the Department of Public Safety. The compensation, allowances, and expenses of the personnel detailed under this section may be paid from applicable appropriations to the Department of Health and Human Services, and may be reimbursed from applicable appropriations to the Division of Adult Correction and Juvenile Justice of the Department of Public Safety. The Secretary of Public Safety may make similar arrangements with any other agency of State government able and willing to aid the Division of Adult Correction and Juvenile Justice of the Department of Public Safety to meet the needs of prisoners for health services.
- (c) Each prisoner committed to the Division of Adult Correction and Juvenile Justice of the Department of Public Safety shall receive a physical and mental examination by a health care professional authorized by the North Carolina Medical Board to perform such the examinations as soon as practicable after admission and before being assigned to work. The prisoner's work

- and other assignments shall be made with due regard for the prisoner's physical and mental condition.
- 3 (d) The Commission for Mental Health, Developmental Disabilities, and Substance 4 Abuse Services shall adopt standards for the delivery of mental health and mental retardation 5 behavioral health services to inmates in the custody of the Division of Adult Correction and 6 Juvenile Justice of the Department of Public Safety. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall give the Secretary of Public 7 8 Safety an opportunity to review and comment on proposed standards prior to promulgation of 9 such the standards; however, final authority to determine such the standards remains with the 10 Commission. The Secretary of the Department of Health and Human Services shall designate an 11 agency or agencies within the Department of Health and Human Services to monitor the 12 implementation by the Division of Adult Correction and Juvenile Justice of the Department of 13 Public Safety of these standards and of substance abuse standards adopted by the Division of 14 Adult Correction and Juvenile Justice of the Department of Public Safety."

SECTION 29. G.S. 148-22 reads as rewritten:

"§ 148-22. Treatment programs.

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(a) The general policies, <u>rules rules</u>, and regulations of the Division of Adult Correction and Juvenile Justice of the Department of Public Safety shall provide for humane treatment of prisoners and for programs to effect their correction and return to the community as promptly as practicable. Visits and correspondence between prisoners and approved friends shall be authorized under reasonable conditions, and family members shall be permitted and encouraged to maintain close contact with the prisoners unless <u>such-the</u> contacts prove to be hurtful. Casework, counseling, and psychotherapy services provided to prisoners may be extended to include members of the prisoner's family if practicable and necessary to achieve the purposes of <u>such-the</u> programs. Education, library, recreation, and vocational training programs shall be

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would otherwise be assigned."

developed so as to coordinate with corresponding services and opportunities which will be available to the prisoner when he or she is released. Programs may be established for the treatment and training of mentally retarded prisoners with intellectual or developmental disabilities and other special groups. These programs may be operated in segregated sections of facilities housing other prisoners or in separate facilities. (b) The Division of Adult Correction and Juvenile Justice of the Department of Public Safety may cooperate with and seek the cooperation of public and private agencies, institutions, officials, and individuals in the development and conduct of programs designed to give persons committed to the Division opportunities for physical, mental-mental, and moral improvement. The Division may enter into agreements with other agencies of federal, State-State, or local government and with private agencies to promote the most effective use of available resources. Specifically the Secretary of Public Safety may enter into contracts or agreements with appropriate public or private agencies offering needed services including health, mental health, mental retardation, behavioral health, substance abuse, rehabilitative rehabilitative, or training services for such inmates of the Division of Adult Correction and Juvenile Justice of the Department of Public Safety as the Secretary may deem eligible. These agencies shall be reimbursed from applicable appropriations to the Division of Adult Correction and Juvenile Justice of the Department of Public Safety for services rendered at a rate not to exceed that which such the agencies normally receive for serving their regular clients. The Secretary may contract for the housing of work-release inmates at county jails and local confinement facilities. Inmates may be placed in the care of such the agencies but shall remain the responsibility of the Division and shall be subject to the complete supervision of the Division. The Division may reimburse such the agencies for the support of such the inmates at a rate not in excess of the average daily cost of inmate care in the corrections unit to which the inmate

October 25, 2018 1 **SECTION 30.** G.S. 153A-221 reads as rewritten: 2 "§ 153A-221. Minimum standards. 3 (a) The Secretary shall develop and publish minimum standards for the operation of local 4 confinement facilities and may from time to time develop and publish amendments to the 5 standards. The standards shall be developed with a view to providing secure custody of prisoners 6 and to protecting their health and welfare and providing for their humane treatment. The 7 standards shall provide for: for all of the following: 8 (1) Secure and safe physical facilities: facilities. 9 Jail design; design. (2) 10 (3) Adequacy of space per prisoner; prisoner. 11 (4) Heat, light, and ventilation; ventilation. 12 Supervision of prisoners; prisoners. (5) 13 Personal hygiene and comfort of prisoners; prisoners. (6) 14 **(7)** Medical care for prisoners, including mental health, mental retardation, 15 behavioral health, and substance abuse services; services. 16 (8) Sanitation; Sanitation. 17 Food allowances, food preparation, and food handling; handling. (9) 18 Any other provisions that may be necessary for the safekeeping, privacy, care, (10)19 protection, and welfare of prisoners." 20

- 21 **SECTION 31.** G.S. 153A-248 reads as rewritten:
- 22 "§ 153A-248. Health-related appropriations.
- 23 (a) A county may appropriate revenues not otherwise limited as to use by <u>law:law to any</u>
 24 of the following:

THE GENERAL STATUTES COMMISSION HAS NOT APPROVED THIS DRAFT FOR INTRODUCTION.

1	(1)	To a A licensed facility for the mentally retarded, individuals with intellectual
2		or developmental disabilities, whether publicly or privately owned, to assist
3		in maintaining and developing facilities and treatment, if the board of
4		commissioners determines that the care offered by the facility is available to
5		residents of the county. The facility need not be located within the county.
6	(2)	To a A sheltered workshop or other private, nonprofit, charitable organization
7		offering work or training activities to the physically or mentally handicapped,
8		individuals with physical, intellectual, or developmental disabilities, and may
9		otherwise assist such an the organization.
10	(3)	To an An orthopedic hospital, whether publicly or privately owned, to assist
11		in maintaining and developing facilities and treatment, if the board of
12		commissioners determines that the care offered by the hospital is available to
13		residents of the county. The hospital need not be located within the county.
14	(4)	To a A training center or other private, nonprofit, charitable organization
15		offering education, treatment, rehabilitation, or developmental programs to
16		the physically or mentally handicapped, individuals with physical,
17		intellectual, or developmental disabilities, and may otherwise assist such
18		organizations; provided, however, such action the organizations. Such action,
19		however, shall be with the concurrence of the county board of education; and
20		provided, further, that within education. Within 30 days after receipt of the
21		request for concurrence, the county board of education shall notify the board
22		of county commissioners whether it concurs, and should it fail to so notify the
23		board of county commissioners within such this period, it shall be deemed to
24		have concurred.

- (b) The ordinance making the appropriation shall state specifically what the appropriation is to be used for, and the board of commissioners shall require that the recipient account for the appropriation at the close of the fiscal year."
- **SECTION 32.** G.S. 159-48 reads as rewritten:

"§ 159-48. For what purposes bonds may be issued.

- (a) Each unit of local government is authorized to may borrow money and issue its bonds under this Article in evidence thereof for any one or more of the following purposes:
- 8 ...

9 (b) Each county and city is authorized to may borrow money and issue its bonds under 10 this Article in evidence thereof for the purpose of paying any capital costs of any one or more of 11 the following:

12 ...

(7)

Providing hospital facilities, including without limitation general, tuberculosis, mental, chronic disease, and other types of hospitals and related facilities such as laboratories, outpatient departments, nurses' homes and training facilities, and central service facilities operated in connection with hospitals; facilities for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices; facilities specially designed for the diagnosis, treatment, education, training, or custodial care of the mentally retarded, individuals with intellectual or developmental disabilities, including facilities for training specialists and sheltered workshops for the mentally retarded; individuals with intellectual or developmental disabilities; nursing homes; and in connection with the foregoing, laundries, nurses', doctors', or interns' residences, administrative buildings, research facilities, maintenance, storage, and utility facilities,

THE GENERAL STATUTES COMMISSION HAS NOT APPROVED THIS DRAFT FOR INTRODUCTION.

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1	auditoriums, dining halls, food service and preparation facilities, fire
2	prevention facilities, mental and physical health care facilities, dental care
3	facilities, nursing schools, mental teaching facilities, offices, parking
4	facilities, and other supporting service structures.
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6	(c) Each county is authorized to may borrow money and issue its bonds under this Article
7	in evidence of the debt for the purpose of, in the case of subdivisions (1) through (4b) of this
8	subsection, paying any capital costs of any one or more of the purposes and, in the case of
9	subdivisions (5) and (6) of this subsection, to finance the cost of the purpose:
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11	(6) Providing housing projects for persons of low or moderate income, including
12	construction or acquisition of projects to be owned by a county,
13	redevelopment commission, or housing authority and the provision of loans,
14	grants, interest supplements, and other programs of financial assistance to
15	such these persons. A housing project may provide housing for persons of
16	other than low or moderate income if at least forty percent (40%) of the units
17	in the project are exclusively reserved for persons of low or moderate income.
18	No rent subsidy may shall be paid from bond proceeds.
19	(d) Each city is authorized to may borrow money and issue its bonds under this Article
20	in evidence thereof for the purpose of paying any capital costs of any one or more of the
21	following:
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23	(4) Providing gas systems, including without limitation facilities for the
24	production, storage, transmission transmission, and distribution of gas, where

systems shall-also include the purchase and/or-or lease of natural gas fields

and natural gas reserves and the purchase of natural gas supplies, and where any parts of such the systems may be located either within the State or without.inside or outside the State.

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- (7) Providing housing projects for the benefit of persons of low income, or moderate income, or low and moderate income, including without limitation (i) construction or acquisition of projects to be owned by a city, redevelopment commission or housing authority, and (ii) loans, grants, interest supplements and other programs of financial assistance to persons of low income, or moderate income, or low and moderate income, and developers of housing for persons of low income, or moderate income, or low and moderate income. A housing project may provide housing for persons of other than low or moderate income, as long as at least twenty percent (20%) of the units in the project are set aside for housing for the exclusive use of persons of low income. No rent subsidy may shall be paid from bond proceeds.
- (e) Each sanitary district, mosquito control district, hospital district, merged school administrative unit described in G.S. 115C-513; G.S. 115C-513, metropolitan sewerage district, metropolitan water and sewerage district, county water and sewer district, regional public transportation authority—authority, and special airport district is authorized to—may borrow money and issue its bonds under this Article in evidence thereof for the purpose of paying any capital costs of any one or more of the purposes for which it is authorized, by general laws uniformly applicable throughout the State, to raise or appropriate money, except for current expenses.
- (f) For any of the purposes authorized by subsections (b), (c), (d), or (e) of this section, a unit may do any of the following that it considers necessary or convenient:

THE GENERAL STATUTES COMMISSION HAS NOT APPROVED THIS DRAFT FOR INTRODUCTION.

1		(1)	Acquire, construct, erect, provide, develop, install, furnish, and equip;
2			andequip.
3		(2)	Reconstruct, remodel, alter, renovate, replace, refurnish, and reequip;
4			andreequip.
5		(3)	Enlarge, expand, and extend; and extend.
6		(4)	Demolish, relocate, improve, grade, drain, landscape, pave, widen, and
7			resurface.
8	(g)	Bond	s for two or more unrelated purposes, not of the same general class or character,
9	shall not	be autho	orized by the same bond order. However, bonds for any of the purposes listed in
10	any subdi	vision (of any subsection of this section shall be deemed to be for one purpose and may
11	be author	ized by	the same bond order. In addition, nothing herein may be deemed to prohibit in
12	this section	on proh	ibits the combining of purposes from any of such paragraphs subdivision of any
13	subsectio	n of thi	s section and the authorization of bonds therefor by the same bond order to the
14	extent tha	at the pu	urposes are not unrelated.
15	(h)	As us	ed in this section, "capital costs" include, without limitation, <u>all of</u> the following:
16		(1)	The costs of doing any or all of the things mentioned in subsection (f) of this
17			section; and section.
18		(2)	The costs of all property, both real and personal and both improved and
19			unimproved, plants, works, appurtenances, structures, facilities, furnishings,
20			machinery, equipment, vehicles, easements, water rights, franchises, and
21			licenses used or useful in connection with the purpose authorized;
22			andauthorized.
23		(3)	The costs of demolishing or moving structures from land acquired and
24			acquiring any lands to which such the structures are to be moved; and moved.

1 (4) Financing charges, including estimated interest during construction and for 2 six months thereafter; and thereafter. 3 (5) The costs of plans, specifications, studies and reports, surveys, and estimates 4 of costs and revenues; and revenues. 5 (6) The costs of bond printing and insurance; and insurance. 6 (7) Administrative and legal expenses; and expenses. 7 Any other services, costs, and expenses necessary or incidental to the purpose (8) 8 authorized. 9 (i) This section does not authorize any unit to undertake any program, function, joint 10 undertaking, or service not otherwise authorized by law. It is intended only to authorize the 11 borrowing of money and the issuance of bonds within the limitations set out herein in this section 12 to finance programs, functions, joint undertakings, or services authorized by other portions of the 13 General Statutes or by city charters." 14 PART III. SAVINGS PROVISION AND EFFECTIVE DATE 15 SECTION 33. This act does not affect the coverage, eligibility, rights, 16 responsibilities, or provision of state or federal services or benefits for individuals who have been 17 diagnosed with mental retardation and whose diagnosis has not been changed to a diagnosis of 18 intellectual disability. 19 **SECTION 34.** Except as otherwise provided, this act becomes effective October 1, 20 2019, and applies to proceedings commenced or services rendered on or after that date.